

Metis Counseling & Wellness LLC

Office:
4500 W. Illinois Ave. Suite 212
Midland, TX 79703

Send form to: despinoza@metisw.com

(432) 356-3259
leave voicemail

REFERRAL DATE: _____

PLEASE CONTACT DANIELA ESPINOZA AT 432-978-8068 (talk/text) FOR FURTHER QUESTIONS.

ATTENDANCE AND PARTICIPATION HAS BEEN RECOMMENDED BY _____
(Name of referring individual/agency)

REFERRAL AND CONSENT TO RELEASE INFORMATION

From: _____ (name of referring individual/agency)

To: Metis Counseling & Wellness LLC

Name of Client:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address:					
City:			State / Zip:		
Cell Phone:		Home Phone:		Work Phone:	
Email Address:			Date of Birth:		Age:
Drug(s) Last Used (if applicable):			Date of Last Use:		
Referring Staff Member:					
Email Address:			Phone Number:		
New Client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spanish Speaking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason(s) for Referral:

☐ Drugs/Alcohol ☐ Mental Health ☐ General Counseling ☐ Anger Management (Class) ☐ Drug Offender Education Program (DOEP) ☐ Other: _____

Additional Pertinent Information (i.e., recommendations/suggestions for services):

I authorize exchange of information between Metis Counseling & Wellness LLC and _____ during the term of my counseling or till further notice. Information exchanged will include recommendations, progress reports and/or attendance history. Any other information will require a **Release of Information**.

I agree that I am responsible for the charges for services provided by the Metis Counseling & Wellness LLC. I understand payment is expected at the time the service(s) is rendered.

Client Signature _____ Date _____