



**REFERRAL FOR SERVICES**

Referring Professional: _____	Patient Name: _____
Referral Contact _____	Patient DOB: _____
Phone: _____	Caregiver Name(s): _____
Email: _____	Phone (for scheduling): _____
Organization: _____	Email (for scheduling): _____

**SERVICES**

- \_\_\_\_\_ Diagnostic Evaluation & Counseling *(Includes Individual, Family, and Group therapy as well as Parenting Support, Cognitive Behavioral Therapy, and other behavioral treatments.)*
- \_\_\_\_\_ Psychiatric Evaluation & Medication Management
- \_\_\_\_\_ Psychological, Developmental, Or Educational Testing
- \_\_\_\_\_ Career Testing / Counseling
- \_\_\_\_\_ Other: \_\_\_\_\_

**PREFERED PROVIDER**

NORTH LITTLE ROCK	
___ First Available	___ Ivan Aldea, MD
___ Jason LaGory, PhD	___ Alan Bagley, MD
___ Paula Morse, LPC	___ Jenny Duke, LAC
___ Mary Ekdahl, PhD	___ Tiffany Wierzbicki, PhD
___ Sarah Root, PhD	___ Adam Benton, PhD
___ Janelle Von Storch, LPC	
___ Khiela Holmes, PhD	___ Counselor in Training
4004 McCain Blvd., North Little Rock, AR 72116	

CONWAY	
___ First Available	___ Sarah Root, PhD
___ Tiffany Wierzbicki, PhD	___ Christina Christie, LSCW
___ Laura Horton, PhD	___ Adam Benton, PhD
___ Laura Conley, MD	___ Jenny Duke, LAC
	___ Counselor in Training
1100 Bob Courtway Dr., Conway, AR 72034	

**PRIMARY PROBLEM AREAS**

- |                  |                    |                     |                    |
|------------------|--------------------|---------------------|--------------------|
| ___ ANXIETY      | ___ BEHAVIOR       | ___ PARENTING       | ___ COMMUNICATION  |
| ___ DEPRESSION   | ___ SOCIAL SKILLS  | ___ HEALTH PROBLEMS | ___ SEXUALITY      |
| ___ GRIEF        | ___ ADHD/ADD       | ___ OCD             | ___ BULLYING       |
| ___ ABUSE        | ___ MARITAL        | ___ LEARNING        | ___ AGGRESSION     |
| ___ PHOBIA       | ___ SCHOOL REFUSAL | ___ AUTISM          | ___ TRAUMA         |
| ___ ATTACHMENT   | ___ BRAIN INJURY   | ___ ADOPTION        | ___ SOCIAL ANXIETY |
| ___ OTHER: _____ |                    |                     |                    |
| _____            |                    |                     |                    |
| _____            |                    |                     |                    |