

Referring Clinician Information:

Full Name

License Type & Number

Phone & Email

Agency/Practice Name (if applicable)

Client Information:

First Name & Last Initial

Diagnosis (select from accepted list)


Is the client currently in treatment with you? [Yes/No]

Is client medically and psychiatrically stable to participate in a clinical group setting? [Yes/No]

Do you need to consult with Arianna Gonzalez LMFT? [Yes/No]

How to Submit a Referral

To refer a client:

1. **Complete the referral form**
2. **Email the completed form to:**
 **therapygonzalez@gmail.com**