

**Castillo Psychological, LLC**  
*Licensed Psychologist*

1605 S. Main  
Las Cruces, NM 88005  
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Phone: 575-527-0614  
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**REFERRAL FORM**

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Medicaid/Insurance: \_\_\_\_\_

JPO/PO: \_\_\_\_\_ JPO/PO Phone: \_\_\_\_\_

CYFD Facts #: \_\_\_\_\_

Current Charges: \_\_\_\_\_

Court Hearing/Other Dates: \_\_\_\_\_

History of Mental Illness or Treatment: Yes \_\_\_\_\_ No: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

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Services Requested: (Check all that apply)

\_\_\_\_\_ Psychological Evaluation

\_\_\_\_\_ Individual Therapy

\_\_\_\_\_ Family Therapy

\_\_\_\_\_ Group Therapy

Previous Psychological Evaluations Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Language Preference: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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