

Date of Referral: \_\_\_\_\_

Follow-Up: \_\_\_\_\_

First Appt. Scheduled: \_\_\_\_\_

\_\_\_\_\_

With: \_\_\_\_\_

\_\_\_\_\_



# The Western Maryland Counseling Center, Inc.

## Referral Form

**Office Preference:** *Hagerstown*  or *Frederick*

**Name of Client:** \_\_\_\_\_

**Guardian:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**message okay?**  Yes  No

**Email:** \_\_\_\_\_

**Self-Pay**  or: **Medicaid**

**\*\* We are not yet accepting Private Insurance  
at either the Frederick or Hagerstown locations**

**Medicaid ID#:** \_\_\_\_\_

**Presenting Issues:**

\_\_\_\_\_  
\_\_\_\_\_

**Referring Agency:** \_\_\_\_\_

**Person Making Referral/Phone #:** \_\_\_\_\_

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Hagerstown, MD 21740  
[WMCC201a@gmail.com](mailto:WMCC201a@gmail.com)  
Phone: 301-733-2431  
Fax: 301-733-2432

Frederick Office:  
129-1 W. Patrick St.,  
Frederick, MD 21701  
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Fax: 240-745-3950