



# Pagano Wellness Clinic

INDIVIDUAL, COUPLE, & FAMILY THERAPY

8527 Mayland Drive  
Suite 108  
Richmond, VA 23294  
P: 804.404.9695  
F: 804.510.0044

## Patient Referral for Individual, Couple, Family Therapy or Psychiatric Care

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### Patient Information (Please complete or attach face sheet with information)

Patient Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Please attach supporting documents if available: patient insurance information and any pertinent notes to treatment.

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### Services Desired (optional)

Individual Therapy	Evaluation	Play Therapy	HRT/GCS
Couples Therapy	Psychiatric/Medication	Hypnotherapy	Cognitive Behavioral
Family Therapy	EMDR	Mindfulness	Dialectical Behavioral
Group Therapy	CBT-I	Substance/Recovery	Sex Therapy
			Other: _____

Does the patient have a preferred provider? \_\_\_\_\_

### Reason for Referral:

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

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Please visit [paganowellnessclinic.com](http://paganowellnessclinic.com) for more information

Email [Admin@PaganoWellnessClinic.com](mailto:Admin@PaganoWellnessClinic.com) with any questions or concerns

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Referring Office: \_\_\_\_\_

Phone: \_\_\_\_\_

Referring Provider (Print Name): \_\_\_\_\_

Fax: \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_

Referring Provider NPI: \_\_\_\_\_

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

**In Person and Telehealth Appointments Available**

### Office Hours:

Monday-Thursday: 8am - 5pm  
Friday and after hours: By Appointment Only  
Saturday-Sunday: Subject to Availability  
*Hours subject to therapist availability*