



Behavioral Health Referrals for Motor Vehicle Accident & Injury Recovery

From Mess to Meaning Therapy & Supervision, PLLC

Laura Garza, LCSW-S, LICSW

Telehealth in Texas • Minnesota • Alabama

Why Refer to Me • EMDR-trained trauma therapist • Experience working with motor vehicle accident survivors • Supports concussion/TBI recovery • Trauma-informed approach for chronic pain and adjustment • Accepting new clients	Treatment Approaches • EMDR • Cognitive Behavioral Therapy (CBT) • Trauma-informed therapy • Chronic pain coping strategies • Strengths-based care
Ideal Referrals • Motor vehicle accidents • Personal injury • Concussion / TBI • Chronic pain • PTSD & trauma • Anxiety or depression after injury	Insurance Accepted • Aetna • Cigna • Carelon (Texas, Minnesota, Alabama) • Blue Cross Blue Shield of Texas • Ascension / SmartHealth (Texas only)
About My Practice • Virtual appointments available • Compassionate, evidence-based care • Prompt scheduling • Collaborative communication with referring providers when appropriate	Contact • Laura Garza, LCSW-S, LICSW • Phone: (817) 769-3594 • Email: lauragarza@mess2meaning.com • Website: mess2meaning.com 

Thank you for trusting me with your patients. I strive to provide compassionate, evidence-based care for individuals navigating the emotional impact of injury, trauma, chronic pain, and recovery.



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lauragarza@mess2meaning.com

Phone: (817) 769-3594

Fax: (817) 769-3595

Website: www.mess2meaning.com

Behavioral Health Referral Form

Preferred Referral Process

☐ Patient will self-schedule online

OR

☐ Fax this completed form and I will contact the patient directly.

Patient Information

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Best Time to Reach: _____

Primary Insurance: _____

Reason for Referral

☐ Anxiety

☐ Depression

☐ PTSD / Trauma

☐ Motor Vehicle Accident

☐ Personal Injury

☐ Chronic Pain



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☐ Concussion / Traumatic Brain Injury
(TBI)

☐ Adjustment Following Injury or Illness

☐ Stress Management

☐ EMDR Candidate

☐ Other: _____

Diagnosis (if known)

Referring Provider Information

Provider Name: _____

Clinic Name: _____

Phone: _____

Fax: _____

Additional Clinical Information (Optional)

Scheduling Information



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Patients may **self-schedule online 24/7** by scanning the QR code on the attached referral information sheet or by visiting:

www.mess2meaning.com

If your office prefers, referrals may also be faxed to **(817) 769-3595**, and I will contact the patient directly to assist with scheduling.

By submitting this referral, the referring office acknowledges that the patient has agreed to be contacted regarding behavioral health services.