



**ASPYRE**  
COUNSELING & WELLNESS

## Referral for Services

*All referrals should be emailed to [xwilson@aspyrecounselingandwellness.org](mailto:xwilson@aspyrecounselingandwellness.org)*

Date of Referral:
Name of Person Making Referral:
Relation to Individual:
Phone Number:
Email Address:
Name of Referral:
DOB:
Sex:
Address (N/A if unknown):
Reason for Referral:

**Insurance information** *(Please note we do not currently accept Medicaid/Medicare. Please see the company website for a list of insurances that are currently accepted. A sliding pay scale based on income is also available.):*

Primary Insurance: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Insurance#: \_\_\_\_\_