



16220 Frederick Road | Suite 502
Gaithersburg | Maryland 20877
Phone: 301 978 9750 | Fax: 301 978 9753
main@we-aspire.org | www.we-aspire.org

FAX MESSAGE AND REFERRAL FOR BEHAVIORAL HEALTH SERVICES

Fax to: 301-978-9753

Attention: Kim McGlaughlin, Intake Coordinator

Email: KMcGlaughlin@we-aspire.org

Referral from: _____
Provider's Name

Referring provider's telephone number: _____

Patient name: _____

Patient contact number: _____

Patient insurance: _____

Reason for referral: _____

Medical conditions and medication: _____

**I authorize a representative of Aspire Counseling to contact me about
this referral for services.**

Patient signature

Date