



Pasito Con Airi

Winston-Salem, NC

980-643-0026

pasitoconairri@gmail.com

pasitoconairi.com

Patient Referral Form

Pasito Con Airi PLLC is a private, fee-for-service psychotherapy clinic offering one to-one therapy for anxiety, depression, trauma relationships, and behavioral concerns.

Date of Referral: _____ Client Name: _____

Birth Date: _____ Sex: _____ Gender Identity: _____

Preferred Pronouns: _____ Preferred Language: _____

Parent/Guardian's Preferred Language (if different/applicable): _____

Address: _____

Telephone: _____ Insured or Self Pay/Sliding Scale?: _____

Insurance Name: _____ Member ID #: _____

Referring Clinician/Professional: _____

Name: _____ Phone: _____

Email: _____

Reason for Referral / Additional Comments:

Signed: _____

Thank you for your referral!

*** If this email is received in error, please contact 980-643-0026*

If this email contains medical records, they are considered CONFIDENTIAL.

*Disclosure of contents is not allowed and is subject to federal and/or state criminal penalties ***