



Precious Health & Wellness Spa

Owner: Precious Stephens

1427 South Blvd. Charlotte, NC 28203

(980) 209-9644

Referral Form / New Patient Inquiry

Patient's Full Name - _____

D.O.B. - ___/___/___ Sex: Male - _____ Female- _____

Phone: - _____

Email: - _____

Address: _____

City: - _____ State: - _____ Zip Code: - _____

Known Allergies: -

Medications: -

I, _____ (*Patient Name*), give my authorization to
_____ (*Providers Name*), to release any medical information to Precious
Health & Wellness Spa. This information is to be used to assist me in monitoring and coordinating my health care
and social service needs.

X _____

Patient Signature

X _____

Parent Guardian

Date: ___/___/___