



Amy Grassi Watson, PC

Referral Form

Fax form to a secure fax

Attention to: Amy Grassi Watson, MS, LPC

FAX: (252) 291- 9223

Date: _____

Name of person being referred: _____

Name of legal guardian, if applicable: _____

DOB: _____ Sex: Male Female

Address: _____

Phone Number: _____ Alternate Number: _____

Type of Insurance: BC/BS EAP Private Pay Victim Assistance Other : _____

Preference of appointment dates and times: _____

Presenting Problem:

Referral Name/Business: _____

Contact Information:

Phone number: _____

Would you like confirmation of the status of this referral? Yes No.

If yes, please attach a HIPAA compliant release of information, found on web site, allowing permission for Amy to inform you of the status of the referral.

Thank you for your referral.

Amy Grassi Watson, MS, LPC

contact@amywatsonpc.com

cell: (252) 245-1876

