

REFERRAL FOR TREATMENT

8 Hearts Health & Wellness
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Portland, OR 97239
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info@8hearts.org
FAX TO: 503-894-7398



Referring Physician/Provider: _____ Provider Ph: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Ph: _____ Email: _____

Provider(s) requested:		
<input type="checkbox"/> Deborah Rice, ND	<input type="checkbox"/> Meghan Sperandeo, ND	<input type="checkbox"/> Megan Taylor, ND
<input type="checkbox"/> Jason Wysocki, ND	<input type="checkbox"/> Jessica Berliner, MScN	<input type="checkbox"/> Kristy Regan, MScN
<input type="checkbox"/> Rebecca Hurwood, LAc	<input type="checkbox"/> Shannon Chawla, LAc	<input type="checkbox"/> Kayle Sandberg-Lewis, LMT MA BCN

Service(s) requested:		
<input type="checkbox"/> Naturopathic medicine	<input type="checkbox"/> Homeopathic medicine	<input type="checkbox"/> Nutritional counseling
<input type="checkbox"/> Weight management program	<input type="checkbox"/> Cleanse/detox program	<input type="checkbox"/> GI/SIBO management
<input type="checkbox"/> Neurotransmitter support	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Chinese herbal medicine
<input type="checkbox"/> Neurofeedback	<input type="checkbox"/> Exercise counseling/therapy	

Health concern(s):			
<input type="checkbox"/> Headaches/migraines	<input type="checkbox"/> Sleep/mood	<input type="checkbox"/> Weight	<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Food allergies	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Endocrine (thyroid/hormonal)	
<input type="checkbox"/> Women's medicine	<input type="checkbox"/> Skin	<input type="checkbox"/> Musculoskeletal pain	<input type="checkbox"/> Other

Additional requests/comments/information regarding patient care:

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