

REFERRAL FOR TREATMENT

8 Hearts Health & Wellness
5331 SW Macadam Ave, Suite 380
Portland, OR 97239
Ph: 503-894-9118
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"/> Debroah Rice, ND	<input type="checkbox"/> Jason Wysocki, ND MS	<input type="checkbox"/> Steven Sandberg-Lewis, ND DHANP
<input type="checkbox"/> Dr. Crane Holmes, ND	<input type="checkbox"/> Josh Luper, LAc	<input type="checkbox"/> Kayle Sandberg-Lewis, LMT MA BCN
<input type="checkbox"/> Judith Allan, DC PC		

Service(s) requested:		
<input type="checkbox"/> Naturopathic medicine	<input type="checkbox"/> Homeopathic medicine	<input type="checkbox"/> Exercise counseling/therapy
<input type="checkbox"/> Structural Integration	<input type="checkbox"/> Mental Health	<input type="checkbox"/> GI/SIBO management
<input type="checkbox"/> Neurotransmitter support	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Chiropractic Care
<input type="checkbox"/> Neurofeedback	<input type="checkbox"/> Phone Consultation	

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:

Confidentiality statement: This fax and the materials contained within it may contain privileged and/or confidential information that is protected against use or disclosure under federal and state law. Use or disclosure of the contents of this fax by an unintended recipient is in some cases illegal. If you have received this fax in error, please so advise the sender by telephone or email as soon as possible and permanently dispose of the fax. Thank you for your cooperation.