

REFERRAL FOR TREATMENT

8 Hearts Health & Wellness
5331 SW Macadam Ave, Suite 380
Portland, OR 97239
Ph: 503-894-9118
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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"/> Jason Wysocki, ND MS	<input type="checkbox"/> Debroah Rice, ND	<input type="checkbox"/> Steven Sandberg-Lewis, ND DHANP	<input type="checkbox"/> Josh Luper, LAc, BCSI

Service(s) requested:			
<input type="checkbox"/> Naturopathic medicine	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Hormone Support	<input type="checkbox"/> Lab Testing
<input type="checkbox"/> Structural Integration	<input type="checkbox"/> Mental Health	<input type="checkbox"/> GI/SIBO management	<input type="checkbox"/> Other

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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