INTEGRATIVE THERAPIES, INC.

7E Oak Branch Drive ◆ Greensboro ◆ North Carolina ◆ 27407

FAX TRANSMITTAL

Patient Referral to Integrative Therapies

Fax Number: 336-218-0294

DATE: _______________

FROM: Practice: ____________________________Practice's Ph. #:_________________
Location: ___________________________ **Practice's FAX** :_________________

PATIENT NAME: ___________________________________ DOB: ______________

PATIENT ADDRESS: ____

____

TELEPHONE (home): ____________________ (work or cell): __________________

Diagnosis:____

- ❑ **EVALUATE AND TREAT**
  - ❑ Physical Therapy
  - ❑ Pelvic Floor Rehabilitation
  - ❑ Manual Therapy/Massage
  - ❑ Biofeedback/Neurofeedback
  - ❑ Acupuncture
  - ❑ Pain/Stress Management
  - ❑ Counseling (Individual/Family)
  - ❑ Nutritional Consult

Special Instructions:____

____

Referring Healthcare Professional: (please print)___________________________________

PHYSICIAN'S SIGNATURE:____

Signature by physician indicates that treatment is medically necessary.

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Telephone: 336-294-0910 ◆ Fax: 336-218-0294 ◆ Website: www.integrativetherapies.net