Fresno Holistic Medicine ~ Dr. Setareh Tais, ND

Naturopathic & Integrative Medicine

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NATUROPATHIC MEDICINE CONSULT REFERRAL

TODAY'S DATE: _____

PATIENT INFORMATION

FIRST NAME: _____ LAST NAME: _____

DOB: _____ HOME PHONE: _____CELL PHONE: _____

SEX: Male/Female

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REFFERING HEALTH PROVIDER'S INFORMATION

NAME: _____ PHONE: _____ FAX: _____

BEST OFFICE CONTACT PERSON: _____

PRIMARY CARE DOCTOR: _____

DESIRED TREATMENT OUTCOME/ GOAL OF THERAPY:

* Please include last blood panel, last mammogram and last pap smear (if available).