BLOOMINGTON CLINIC
NORTHWESTERN HEALTH SCIENCES UNIVERSITY

Referring Provider

Name: _____

_____

Date: _____

Clinic Name: _____

Phone: _____

Email: _____

_____

This patient is being referred for:

- ☐ Acupuncture & Chinese Medicine
- ☐ Massage Therapy
- ☐ Chiropractic
- ☐ Health Coaching
- ☐ Lab
- ☐ X-ray

To:

- ☐ Evaulate
- ☐ Evaulate & Treat

Patient Demographics

Name: _____

DOB: _____

Phone: _____

Reason for Referral

Patient's Condition or Symptoms: _____

_____

Date of Onset: _____

Symptom Details (pain: 1-10, location, dull, sharp, etc.):

_____

_____

_____

_____

_____

Provider Preference: _____

Call **952-885-5444** for an appointment and bring this card with you.

952-885-5444 bncc@nwhealth.edu nwhsu.edu/clinics