



## SWEERE CLINIC

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

### Referring Provider

Name: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

### This patient is being referred for:

- |   |  |
|---|--|
| <input type="checkbox"/> Acupuncture & Chinese Medicine | <input type="checkbox"/> Injury Recovery Education |
| <input type="checkbox"/> Animal Chiropractic            | <input type="checkbox"/> Naturopathic Medicine     |
| <input type="checkbox"/> Chiropractic                   | <input type="checkbox"/> X-ray                     |
| <input type="checkbox"/> Counseling                     |  |

### 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 **952-856-8620** for an appointment and bring this card with you.



**952-856-8620**



**nwhsu.edu/clinics**