



**Patient Referral Form**  
Naturopathic Clinic of Issaquah  
48 Front Street N  
Issaquah WA 98027  
Phone: (425)391-1080  
Fax: (425)391-7930

Date: \_\_\_\_\_ Referring Professional: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
# of Pages: \_\_\_\_\_ (including cover)

Check if needed at your clinic:

- Additional referral forms
- Business cards (please circle):    Dr. Bizzy Riley    Dr. Bethany Glynn

We are referring the following patient to Naturopathic Clinic of Issaquah for the selected services.

**Patient's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Referring Diagnosis:** \_\_\_\_\_  
**ICD-9 Code(s):** \_\_\_\_\_  
**Patient Insurance:** \_\_\_\_\_  
(Please provide the name of the patient's insurance company)

**Contact:**

- Please call this patient/family for an appointment at (phone) \_\_\_\_\_
- The patient/family would like to call to set up an appointment

**Requested service(s) to be provided:**

- Naturopathic Medicine Initial Visit - evaluation and/or treatment as needed
- Homeopathic Initial Visit - evaluation and/or treatment as needed
- Nutrition Initial Visit - evaluation and/or treatment as needed
- Other (please specify): \_\_\_\_\_

**Follow-up:**

- Please send the patient back to my office for continued care, no need to fax records
- Please send the patient back to our office for continued care, and fax records to our office following treatment
  - o Specify records requested and date range: \_\_\_\_\_
- Please fax records to our office following treatment, but no continued care is needed from our office
  - o Specify records requested and date range: \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_

Physician/Practitioner Signature: \_\_\_\_\_

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