

Please fax this form along with a copy of the client's insurance card (if applicable) to 1-888-702-4059

Client Information

Client Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Diagnosis Code/Reason for Referral: _____

List the diagnosis code(s) for the condition/reason that they would be receiving our services. If there is not yet a diagnosis code on their chart, please describe the main reason/concern for the referral.

Client's Health Insurance Provider (if applicable): _____

Referring Provider Information

Provider's Name and Credentials: _____

Practice or Facility Name: _____

Referring Provider NPI: _____ Email: _____

Phone Number: _____ Fax: _____

Preferred Method of Contact: Phone Fax Email Other: _____

Is there any additional information you think would be helpful for us to know about this client?

How did you hear about us? _____

Provider Signature: _____ Date: _____

Questions? Contact us at contact@nutrition-that-heals.com or call 717-208-2368