

Portland Clinic of Natural Health - Referral Form

Provider/Clinic Referring To Information

Clinic Name: Portland Clinic of Natural Health
Address: 1516 SE 43rd Ave, Portland, OR, 97215
Phone: (503) 419-7505
Fax: (503) 974-0954

Patient Information

Patient Name:
Gender:
Street Address:
Date of Birth:
Email:
Preferred Contact Number:
Interpreter Needed?
Insurance Name & Member ID#:
Reason for Referral:

This visit is (circle one or bold one): Non-Urgent Semi-Urgent Urgent
I am requesting (circle one or bold one): Consult only Ongoing care Referral requested by my patient

Patient's Medical Issue/ Notes

ICD-10 code(s):

Referring Provider Information

Name:
NPI:
EIN:
License Number:
Clinic:
Address:
Phone:
Fax:
Email:
Signature: