



SOURCE

INTEGRATIVE MEDICINE

4424 NE Glisan St. Portland, OR 97213
p: 503.928.6728 f: 503.296.5917

Patient Name: _____ Phone: _____

Referring Physician: _____

- Referral to: Dara Cantor, MAcOM, LAc
 Benjamin Marx, MAcOM, LAc

Primary Diagnosis: _____

Evaluate and Treat:

- | | |
|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Menstrual Disorder |
| <input type="checkbox"/> Tendinopathy | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Pregnancy Support |
| <input type="checkbox"/> Work/Sports Injury | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Digestive Disorder |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Respiratory Disorder |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Wellness Support |

Additional Comments:

Physician Signature

Date

Please fax this form to our office and give the original copy to the patient