Port Moody Health
Integrative Medicine & Cancer Care

Healthcare Redefined

Because Cancer Doesn't Just Work in One Way - Neither Do We

PHYSICIAN REFERRAL FORM

Clinic: 101 Klahanie Drive, Suite 202, Port Moody, BC V3H 0C3
For Referral: Phone: 604-949-0077 Fax: 604-949-0017 Email: info@portmoodyhealth.com

Please select Physician:

- ☐ Sharon Gurm, ND, FABNO
- ☐ Jonathon Berghamer, ND
- ☐ Adam Davidson, MD
- ☐ Lindsay Adrian, ND, FABNO
- ☐ Catherine Multari, ND
- ☐ Tracy Marshall, Reiki Master

Please select Service:

- ☐ Cancer patient
- ☐ Iron Infusion
- ☐ Injury Rehabilitation and Regenerative Therapies
- ☐ Medical Aesthetics
- ☐ Lyme Disease/Related Infections
- ☐ Clinical Nutrition or General IV
- ☐ Reiki Therapy

Reason for Referral and Diagnosis:_____

Special instructions (modality, frequency, duration, etc.):

_____

PATIENT INFORMATION:

Patient Name: _____ D.O.B: _____
Address: _____ City: _____
Telephone #(s): _____Email: _____

Please include the following as much as you can with this form to setup the appointment quickly:

- ❖ Medical Records
- ❖ Diagnostic test results (include lab work, etc. applicable to the referral)

REFERRING PHYSICIAN INFORMATION:

Referring Physician: _____
Name of Practice/Facility: _____
Referring Physician Phone #: _____ Fax #: _____