



Telephone: 1-403-475-9821  
Fax: 1-844-262-0947  
referrals@naturalhealthservices.ca  
www.naturalhealthservices.ca

**Please select a clinic:**

\_\_\_\_\_  
(Calgary, Edmonton, Lethbridge, Medicine Hat, Saskatoon, Windsor, Winnipeg)

\*Referring Practitioner: \_\_\_\_\_ \*PRAC ID #: \_\_\_\_\_

\*Referring Clinic Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\*City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\* \_\_\_\_\_ :HELWH□ \_\_\_\_\_

\*Referring Practitioner's Signature: \_\_\_\_\_

**Patient Information:**

\*Patient Name: \_\_\_\_\_ \*HC#: \_\_\_\_\_

\*DOB: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Email: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Reason for referral:**

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

**\*Information required in return (click all that apply):**

- |   |  |   |                              |
|---|--|---|------------------------------|
| <input type="checkbox"/> Referral acceptance letter | <input type="checkbox"/> Appointment updates | <input type="checkbox"/> Chart notes      |                              |
| <input type="checkbox"/> Recommendations            | <input type="checkbox"/> Dosage or g/day     | <input type="checkbox"/> All of the above |                              |
| *Receive updates by:                                | <input type="checkbox"/> Email               | <input type="checkbox"/> Phone            | <input type="checkbox"/> Fax |

The content of this fax communication, including any attachments, is considered confidential, privileged or otherwise exempt from disclosure. It is intended only for the person(s) to who it is addressed and any further distribution is strictly prohibited without the consent of the original sender. If you have received this message in error, please immediately notify the sender by fax 1-844-262-0947 and delete this communication. Thank You.