



Telephone: 1-403-475-9821  
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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              |

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