

Water of Life NaturoPathic Healthcare

Dr. Vanessa Edwards, ND, LAc., MT
4421 Salem Ave Dayton OH 45416
Phone: 937-275-9473 Fax: 937-274-5799

Referral Request for Acupuncture

Patient Name _____ D.O.B. _____ Phone # _____

Referring practitioner (printed) _____ Date _____

Telephone # _____ Fax# _____

Address _____

As the referring PRACTITIONER for the above named patient please select the specialty treatment(s) indicated below:

Acupuncture

Please Select Treatment for Condition(s) Indicated Below:

Pain management

___ Headache (Migraine/ Tension/ Sinus) ___ Fibromyalgia

___ Pain and weakness in (Neck/Shoulders/Back/Abdomen/ Hips/Knees/Legs/Feet/Hands)

___ Muscle cramping ___ Sprains, strains ___ Sports injuries

___ Arthritis ___ Bursitis ___ Disc problems ___ Sciatica ___ Carpal Tunnel ___ Localized trauma

Neurological

___ Facial Paralysis ___ Trigeminal neuralgia

___ Stroke rehabilitation (Paralysis/ Numbness/ Sensory loss/ Motor impairment)

Digestive

___ Irritable bowel syndrome ___ Gastric hyperacidity ___ Chronic diarrhea ___ Chronic constipation ___ Bloating

___ Nausea

Women's Health

___ Irregular Menses ___ Menopause ___ Uterine fibroids ___ Endometriosis ___ Infertility

___ Overactive bladder ___ Morning sickness ___ Postpartum recovery

Respiratory

___ Sinusitis ___ Common Cold ___ Allergy ___ Bronchitis ___ Asthma ___ Cough

Emotion

___ Depression ___ Anxiety ___ Anxious

Other Conditions

___ Smoking Cessation ___ Insomnia ___ Others, please specify: _____

Practitioner signature _____

Date _____