Acupuncture Referral Form

Referring Physician/Midwife:
Address:
Phone:
Email:

Emily Rieffel, L.Ac., Dipl.OM (NCCAOM)
NYS Licensed Acupuncturist, Nationally Board Certified in Oriental Medicine

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Phone: (518) 288-8431
email: emily@womancare-acupuncture.com

Referring Practitioner Please Complete:

I wish to refer my patient to receive acupuncture treatments.

Referral Date: _____

Patient Name: _____

Patient DOB: _____

Reason for Referral/Symptom(s):

Physician/Midwife signature: _____

Request Progress Report (circle one):

NONE * VERBAL FROM PATIENT * PERIODIC WRITTEN
