



Patient Referral Form

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Referral Instructions:

1. Health care practitioner, please complete this document.
2. Recent lab results for IV patients: *Please fax or email to Natural Medicine of Seattle. This is VERY important in order for us to provide SAFE IV treatments to your patient. If there are no recent labs results, your patient's first visit with us may be limited to intake and ordering of labs without any IV treatment. See below for pre-IV labs.*
3. Please fax a copy of this form to 888-710-4862 and give a copy of this completed form to your patient to bring to NMS.

Insurance coverage: We are in network with Regence, Premera, Uniform, LifeWise and First Choice. Please refer patients to our website for more information regarding insurance coverage.

Referring patient for (check one): IV Therapy Heavy Metals Other- please specify: _____

Patient Name: _____

Legal Guardian Names & Relationship to Patient: _____

Patient DOB: _____ Patient Phone(s): _____

Referring Practitioner Name: _____

Practitioner Phone: _____ Practitioner Fax: _____

Practitioner Email: _____

Primary Diagnoses: _____

Diagnosis Codes: _____

Symptom List: _____

Symptom List ICD-9's: _____

Medications: _____

Supplements: _____

Treatment goals: _____

Additional instructions/cautions: _____

Optional Prescription Information: _____

IV Rx (nutrients & dosages): _____

Recommended Pre-IV Labs: **-All IV patients:** CBC, comprehensive chemistry **-Renal disease patients:** urinalysis
-Heavy metal toxicity patients: urinalysis, EKG, RBC Magnesium, (heavy metal provocative challenge IV testing done at VMO)
-Additional screenings as needed: G6PD, lipid panel/VAP, homocysteine (Lp(a)), Hs-CRP, fibrinogen, clotting studies, Hb-A1C, Vitamin D, PSA, viral tests (hepatitis, lyme disease, EBV, CMV), iron profiles, thyroid profile, iodine profile, mineral panels, amino acid profile, endocrine profiles, fatty acid profile, vitamin profiles. File: Doctors' Referral Form – To NMS.doc