Holistic
Internal
Medicine

7550 West University Ave. Suite B
Gainesville, FL 32607
O: 352-316-8458
F: (877) 465-6936

Referral Form

Thank you for your referral to Holistic Medicine Clinic. Please Complete this Referral Form and fax it to **(877)-465-6936** along with any pertinent patient records such as History and Physical, Office notes, Imaging Studies (X-Ray, CT Scans, MRI, Consultations and NCS/EMO results.

Patient Information

Patient Name: _____ DOB: _____

Phone (Home): _____ (Cell): _____ (Work): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance (Primary): _____ (Secondary): _____

Reason for Referral:

☐ Primary Care Internal Medicine Diagnosis: _____

☐ Weight Management Test: _____

☐ Other: _____

Appointment Time:

☐ Urgent ☐ First Available

Referring Physician Information

Physician Name: _____ Date: _____

Phone: _____ Fax: _____

Comments: _____