



# Salem Naturopathic Clinic, P.C.

1305 Broadway Street NE • Salem, OR 97301 • ph. 503 364-1441 • fax 503 364-9924

Dr. Donald McBride

Dr. Esther Tak

## New Patient Referral Form

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Insurance Plan \_\_\_\_\_ ID # \_\_\_\_\_

Is this related to a motor vehicle accident?  Yes  No Claim # \_\_\_\_\_

Claims Address \_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of loss \_\_\_\_\_ State in which loss occurred \_\_\_\_\_

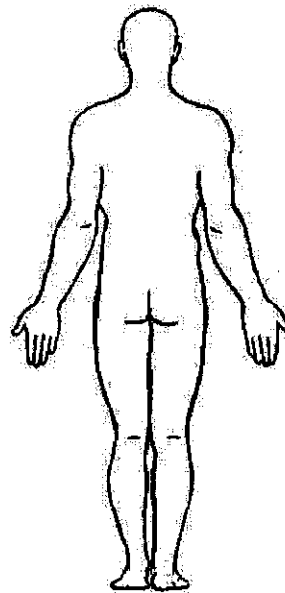
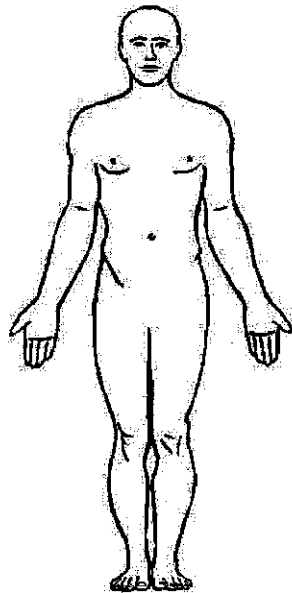
Adjustor Name \_\_\_\_\_ Adjustor Phone \_\_\_\_\_

### Requested Services

- Evaluation & Treatment
- Ultrasound Guided Injections
- Fluoroscopy Guided Injections
- Trigger Point Injections
- Joint Injections
- Ligament Injections

### Areas Needing Treatment

*Please mark requested treatment areas*



### Treatment Frequency

- One Time
- Weekly
- Bi-Weekly
- Monthly
- Other \_\_\_\_\_

### Diagnosis Codes

\_\_\_\_\_  
\_\_\_\_\_

### Referring Provider

Name \_\_\_\_\_ Office \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_