EJGH

LIVING**WELL**

Integrative Medicine Program

at East Jefferson General Hospital

Patient's Name: _____

Patient's Phone: _____

Patient's Date of Birth: _____

Date Faxed: _____

PHYSICIAN REFERRAL FORM

How can your patients participate in the Integrative Medicine Program at EJGH?

1. Complete this Form and fax to: **504-503-6800** or email to: **livingwell@ejgh.org.**
2. It is highly recommended that your patient visit the EJGH Oncology Nurse Practitioner.
3. Once steps 1 and 2 are completed, EJGH will contact your patient to schedule services.
4. Once therapy is completed, a physician report will be faxed back to you.

FOR ORDERING PHYSICIAN USE ONLY: *Please check the appropriate box(es):*

It is my understanding that the above named patient would like to participate in the Integrative Medicine Program at EJGH.
An Integrative Medicine evaluation with an EJGH Nurse Practitioner is highly recommended before beginning any activity.
I would like for the above named patient to participate in the following:

☐ **ALL THERAPIES LISTED BELOW**

☐ Healing Touch/Reiki ☐ Massage Therapy ☐ Nutrition Consult ☐ Reflexology

☐ Therapeutic Yoga

☐ I know of no reason why the patient cannot participate.

☐ I believe the patient can participate, but I urge caution because of the following:

_____

☐ I believe the patient can participate, but should not engage in the following activities:

_____

☐ I recommend that the patient not participate.

Comments: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

Physician's Phone: _____ Physician's Fax: _____

East Jefferson General Hospital

Integrative Medicine Program • 3726 Houma Blvd., Metairie LA 70006 • phone: 504-503-6000 • fax: 504-503-6800 • email: livingwell@ejgh.org

ejgh.org/livingwell