



1330 Cesar E. Chavez Blvd, Portland, OR 97214
 Phone: 503-232-1100 Fax: 503-232-7751 Web: www.cnmwellness.com

EXTERNAL REFERRAL FORM

Patient name: _____ DOB: _____
 Phone: _____ Address: _____
 Insurance: _____ ID#: _____
 ICD-10 codes: _____
 Referring provider: _____ Provider phone: _____
 Provider fax: _____

PLEASE FORWARD ALL RELEVANT RECORDS WITH REFERRAL, INCLUDING PERTINENT CHART NOTES, MEDICATION LIST, LABS, PRIOR TESTING/IMAGING.

Please indicate provider and service you are referring for:

Acupuncture	<input type="checkbox"/> Fumi Mori LAc <input type="checkbox"/> Lauri Elizabeth LAc <input type="checkbox"/> Marissa Hanthorn ND LAc <input type="checkbox"/> Eliza Hofkosh-Hulbert ND LAc
Addiction management	<input type="checkbox"/> Stacie Wolfe ND <input type="checkbox"/> Bob Graybill ND <input type="checkbox"/> Matthew Knudsen ND
Alexander technique	<input type="checkbox"/> Lauri Elizabeth LAc
Autoimmune management	<input type="checkbox"/> Janna Redding ND <input type="checkbox"/> Dana Waichunas ND <input type="checkbox"/> Erin Weaver ND
Hormone Therapy	<input type="checkbox"/> Janna Redding ND <input type="checkbox"/> Dana Waichunas ND
Cardiopulmonary care	<input type="checkbox"/> Janna Redding ND <input type="checkbox"/> Erin Weaver ND <input type="checkbox"/> Matthew Knudsen ND <input type="checkbox"/> Lai Chim Chan ND
Connective tissue disorder evaluation	<input type="checkbox"/> Bob Graybill ND

Gender affirming care	<ul style="list-style-type: none"> — Stacie Wolfe ND — Venessa Madrigal ND — Eliza Hofkosh-Hulbert ND LAc — Bob Graybill ND
LENS neurofeedback	<ul style="list-style-type: none"> — Venessa Madrigal ND
Men's health consultation	<ul style="list-style-type: none"> — Michael Grady ND
Mental health	<ul style="list-style-type: none"> — Stacie Wolfe ND — Bob Graybill ND — Eliza Hofkosh-Hulbert ND LAc
Minor surgery	<ul style="list-style-type: none"> — Stacie Wolfe ND
Musculoskeletal manipulation	<ul style="list-style-type: none"> — Michael Grady ND — Bob Graybill ND
NAET	<ul style="list-style-type: none"> — Fumi Mori ND
Vaccination consult/COVID testing	<ul style="list-style-type: none"> — Vaccination — COVID PCR testing
SIBO/IBS	<ul style="list-style-type: none"> — Bob Graybill ND — Matthew Knudsen ND — Janna Redding ND — Dana Waichunas ND

FOR CARDIOPULMONARY REFERRALS, PLEASE INDICATE SERVICE REQUESTED:

CONSULTATIONS

- Consultation/second opinion

CARDIAC

- Resting ECG with interpretation
- Holter monitoring with interpretation
Indicate length of monitoring requested:

- Exercise stress test with interpretation
- Exercise tolerance testing with ECG
- Aerobic cardiac rehabilitation
 - times weekly for
 - weeks.

PULMONARY

- Spirometry without bronchodilation
- Spirometry with bronchodilation
- Posttest rescue inhaler efficacy
Patient must bring own medication.

OTHER VASCULAR STUDIES

- Carotid arterial audio doppler
- Ankle brachial index
- Arterial audio doppler
 - Upper extremity
 - Lower extremity
- Lower extremity venous doppler
- Lower extremity venous photoplethysmography