

The Point Acupuncture and Dry Needling Clinic

Specializing in Pelvic Floor and MSK Disorders

REFERRAL FORM

Referring Provider: _____ Phone: _____ Fax: _____

Patient Name: _____ Date of Birth: _____ Phone: _____

Working diagnosis or Reason for Referral:

Preferred Services (check all that apply):

Pelvic Floor Acupuncture

Musculoskeletal Dry Needling

General Acupuncture

ElectroStim Therapy

PTNS

Other: _____

Referring Provider Signature: _____ Date: _____

Fax to: (830) _____

Phone: (830) 302-7110

Disclaimer: This form is intended for use by licensed providers referring patients to The Point Acupuncture and Dry Needling Clinic.

All protected health information (PHI) must be faxed securely. Do not email completed forms. This form and associated process are designed to comply with the Health Insurance Portability and Accountability Act (HIPAA) regarding the transmission of PHI.