RDSS
RED DEER SPORT+SPINE

NATUROPATHIC DOCTOR (ND) REFERRAL

PRINT FOR THE PATIENT OR SECURELY FAX TO (587) 951-1058

For naturopathic doctors coordinating movement, strength, active care, and individualized performance planning.

PATIENT INFORMATION

PATIENT FULL NAME

DATE OF BIRTH (YYYY-MM-DD)

PHONE

EMAIL

MAILING ADDRESS

REFERRER INFORMATION

REFERRER NAME

PROFESSIONAL DESIGNATION

PRACTICE / ORGANIZATION

PHONE

PROFESSIONAL EMAIL

HOW DID YOU HEAR ABOUT RDSS?

AREA OF REFERRAL INTEREST

- [ ] Chiropractic assessment
- [ ] Movement and mobility assessment
- [ ] Active rehabilitation
- [ ] Clinical yoga active care
- [ ] Strength and conditioning
- [ ] Running assessment
- [ ] Performance or longevity-focused assessment
- [ ] Exercise planning while using GLP-1 medication
- [ ] Balance and functional capacity
- [ ] GLA:D Hip programming
- [ ] GLA:D Knee programming
- [ ] Other / unsure where to start

REASON FOR REFERRAL

WHAT PROMPTED THIS REFERRAL?

PATIENT GOALS AND ACTIVITIES THAT MATTER TO THEM

RELEVANT HISTORY, FINDINGS, PRECAUTIONS, OR COORDINATION NOTES

DOCUMENTS TRAVELLING WITH THE PATIENT

- ☐ Relevant report or imaging summary
- ☐ Medication list
- ☐ Current care or exercise plan
- ☐ No attachments
- ☐ Other

PATIENT CONSENT

I authorize the referring professional named on this form to share the information recorded here and any listed attachments with Red Deer Sport + Spine for the purpose of coordinating this referral. I understand that I may withdraw this authorization before the information is provided.

PATIENT / LEGAL REPRESENTATIVE PRINTED NAME

DATE (YYYY-MM-DD)

PATIENT / LEGAL REPRESENTATIVE SIGNATURE (SIGN AFTER PRINTING)

REFERRER SIGNATURE

RETURN: GIVE THE PRINTED FORM TO THE PATIENT OR SECURELY FAX IT TO (587) 951-1058.