HYDROPOTHECARY

Patient Referral Form

REFERRING DOCTOR

Name

Phone

Address

Email

PATIENT

Name

Date of Birth

Phone

Email

Please attach supporting documentation, such as:

- Confirmation of diagnosis
- Supporting medical documentation of diagnosis (test reports, lab results, etc.)
- Medication list provided by pharmacy

Diagnosis

For How Long

Signs and Symptoms

Medications Tried

Doctor Signature

Date