



VINEYARD  
COMPLEMENTARY  
MEDICINE

## PHYSICIAN REFERRAL

### Clinics

**Post Office Square**  
238 Edgartown-  
Vineyard Haven Rd  
Edgartown, MA 02539  
(508) 693-3800

Patient's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Evaluate and Treat
- ☐ Home Program
- ☐ Work/Functional Conditioning
- ☐ Therapeutic Exercise
- ☐ Modalities
- ☐ Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_\_ x week \_\_\_\_\_ weeks or \_\_\_\_\_ visits total

Signature: \_\_\_\_\_

Date: \_\_\_\_\_