

Osher Center for Integrative Medicine at Vanderbilt (OCIM) Referral Form

Formerly Vanderbilt Center for Integrative Health (VCIH)

In order to best meet your needs and the needs of your patient, we recommend an integrative medical consultation with one of our nurse practitioners or physician whenever possible to develop a comprehensive treatment plan. We will correspond with the referring clinician and collaborate with the current care team.

DATE: _____

Patient Name: _____ DOB: _____ MRN: _____

Address: _____ Phone: _____

Referral Physician (please print) _____ Referral Phone: _____

Comments _____ Referral Fax: _____

Insurance-Based Services	Diagnosis:
<input type="radio"/> Integrative Health Consult with Physician or Nurse Practitioner	Medical Dx: _____
<input type="radio"/> PT-Evaluate and Treat including therapeutic exercises and manual therapy Other: _____ <ul style="list-style-type: none"> <input type="radio"/> Circle location: VCIH including aquatics or Dayani Physical Therapy; Aquatic first at Dayani <input type="radio"/> Graded Motor Imagery 	ICD 9/10: _____ Frequency: Weekly 2X/Week 3X/Week Duration: 4 weeks 6 weeks 8 weeks+ _____
<input type="radio"/> Other	Primary Dx: _____ Secondary Dx(if known): _____

Self-Pay Services: (please circle): Acupuncture Massage Therapy Nutrition Coaching Yoga Private Health Coaching

Other:

Objectives of Care:

Precautions/Limits to Observe:

I certify that the above services are needed in the care and treatment of this patient.

Physician Signature **Date**

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<http://www.vanderbilthealth.com/osher/>

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