



Integrative Medicine Program
at East Jefferson General Hospital

Patient's Name:
Patient's Phone:
Patient's Date of Birth:
Date Faxed:

PHYSICIAN REFERRAL FORM

How can your patients participate in the Integrative Medicine Program at EJGH?

- 1. Complete this Form and fax to: 503-6800 or email to: livingwell@ejgh.org.
2. It is highly recommended that your patient visit the EJGH Oncology Nurse Practitioner.
3. Once steps 1 and 2 are completed, EJGH will contact your patient to schedule services.
4. Once therapy is completed, a physician report will be faxed back to you.

FOR ORDERING PHYSICIAN USE ONLY: Please check the appropriate box(es):

It is my understanding that the above named patient would like to participate in the Integrative Medicine Program at EJGH.
An Integrative Medicine evaluation with an EJGH Nurse Practitioner is highly recommended before beginning any activity.
I would like for the above named patient to participate in the following:

ALL THERAPIES LISTED BELOW

- Art Therapy, Aromatherapy, Music Therapy, Healing Touch/ Reiki, Guided Meditation/ Imagery, Massage Therapy, Nutrition Consult, Personal Training, Pet Therapy, Reflexology, Counseling, Yoga (Personal or One-on-one)

- I know of no reason why the patient cannot participate.
I believe the patient can participate, but I urge caution because of the following:

- I believe the patient can participate, but should not engage in the following activities:

- I recommend that the patient not participate.

Comments:

Physician's Name:

Physician's Signature: Date:

Physician's Phone: Physician's Fax:

Please fax completed form to: (504) 503-6800 or email to: livingwell@ejgh.org

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Integrative Medicine Program • 3726 Houma Blvd., Metairie LA 70006 • phone: 504-503-6000 • fax: 504-503-6800 • email: livingwell@ejgh.org

ejgh.org/livingwell