



Northwest Natural Health®  
A Specialty Care Clinic

### Referring Physician Form for IV Nutrition Therapy

For providers interested in referring patients for IV nutrition therapy at Northwest Natural Health, please fill out the form below and fax to 206-784-7444 or contact us at 206-784-9111 or toll free at 888-706-6667. We will be in contact with you and your patient within 24 hours.

#### Referring Provider's Information (for first referral only)

Provider's Name: \_\_\_\_\_

Facility or Clinic Name: \_\_\_\_\_ Nurse or contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please note for referring providers: We will continue to work with you and any other providers affiliated with the patient. Our sole intention is to offer high quality IV nutrition therapy for the patient, and have no intention of assuming primary naturopathic care of the patient.*

#### Patient's Information

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ M ☐ F

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Permission given by patient to contact? (indicate one)** Yes or No

Northwest Natural Health® Specialty Care Clinic  
6135 Seaview Avenue NW Suite 300  
Seattle, WA 98107  
Phone: (206) 784-9111 Fax: (206) 784-7444  
www.nwnaturalhealth.com



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**Please Indicate Reason for IV Referral (indicate one or more)**

- Toxicity
- Oncology- Cancer Patient Support
- NW Natural Health Physician Designed Program
- Other please specify

**Please include the following patient information with your referral packet:**

- Recent Progress Notes
- CBC
- Chemistry
- G6PD
- eGFR
- *If you don't know, please leave blank and we will obtain them.*

**Any Additional Information:**

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**IV Order (indicate one or more)**

- Glutathione
- Liver-ALA
- General Restorative Formula (GRS)
- High dose intravenous vitamin C
- Other

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**IV Therapy Treatment Goals (choose one or more):**

- Peripheral neuropathy
- Autoimmune Disease
- Fibromyalgia
- Hepatitis C
- Macular degeneration and retinal disease
- Cancer treatments & recovery
- Radiation protection
- Chronic or Acute Infectious Disease
- Cold/flu/allergy
- Migraine headaches
- Hydration
- General Inflammation
- Chronic Fatigue Syndrome
- Other (please specify)

Once this form is complete, please fax to: 206-784-7444, Attention: Morgan Schuster, ND

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