



Balanced You Clinic
 6512 Baum Dr, Suite 12, Knoxville, TN 37919
 Voice/Text: 865-888-5342 / Fax: 907-313-1400
 Email: info@balancedyouclinic.com

Referral Request

CONFIDENTIAL FACSIMILE TRANSMITTAL SHEET

Client/Patient Name: _____ DOB: _____
 If a minor, name of Parent/Guardian: _____ Language: _____
 Sex at Birth: _____ Preferred Pronouns: _____
 Phone: (_____) _____ Email: _____
 Address: _____

MEDICALLY RELATED DIAGNOSIS: _____ ICD-10: _____
 Restrictions or comments: _____

Services Requested (Please select):

- Acupuncture
- Swedish Massage
- Ashiatsu Massage
- Thai Yoga Massage
- Reflexology
- Integrative Manual Therapy
- Craniosacral Therapy
- Cupping
- Gua Sha
- Chinese Medical Massage, Tuina
- Chinese Medicine Herbal Consultation
- Ayurveda & Integrative Health Consultation
- Meditation & Breathwork Instruction
- Private Yoga Instruction
- Sacred Space Selfcare Study
- Hypnotherapy
- Intuitive Counseling
- Reiki
- Small Group Classes: Please specify type of class _____
- Workshops: Please specify topic _____
- Open Room Acupuncture

Please indicate any specific practitioner preference: _____

Physician/Referring Professional Signature: _____ Date: _____
 Print Name: _____ Phone number: _____
 Email: _____

Complete information will promote timely scheduling. Thank you.

Website: www.balancedyouclinic.com