



Acupuncture Treatment Patient Referral Form

Inesa Zelepuhin L.Ac., Dipl. Ac.

<http://cincinnatiacupuncture.clinic>

513-288-4448

Date _____

Patient Name _____ Patient Phone # _____

Primary Diagnosis _____

Secondary Diagnosis _____

Instructions/Precautions _____

Current Treatment _____

Referring Physician or Specialist _____ Phone _____

Referring Physician or Specialist's Address _____

Referring Physician or Specialist's Email/Phone# _____

Physician or Specialist's Signature _____

Please send this form to:

Cincinnati Acupuncture Clinic

ATTN: Inesa Zelepuhin

7369 East Kemper Road Suite A

Cincinnati, OH 45249

Or email to inesaz@cincinnatiacupuncture.clinic