



GP/Consultant Referral Form for Gateway to Acupuncture

Patient's Name:.....

Doctor's Name:.....

Practice Address.....
.....
.....

Practice Stamp:

Reasons for making referral (optional)

Referrer's signature.....

Date of Referral:.....

Please bring this form to your first consultation at Gateway to Acupuncture.

York Natural Health, 36 York Road, Acomb, York, YO24 4LZ 01904 788411

www.yorknaturalhealth.co.uk or www.gatewaytoacupuncture.co.uk

Email info@yorknaturalhealth.co.uk