

Referral Form

Grand Health Chiropractic & Wellness Center

1025 Selby Ave, Ste 101

St. Paul, MN 55104

Phone: 651.228.9000

Fax: 651.224.2806

Patient Information	
Name:	DOB:
Address:	Phone:
Insurance Provider:	
Referring Provider Information	
Name:	
Office Address:	
Office Phone:	
Office Fax:	
Email:	
Case Information	Treatment Requested
Patient Symptoms/Diagnosis/Exam Findings:	<input type="checkbox"/> Chiropractic: Evaluate & Treat
	<input type="checkbox"/> X-Ray Region/Views:
	<input type="checkbox"/> Spinal Decompression
	<input type="checkbox"/> Rehab <input type="checkbox"/> Health Coaching
Prior Treatment:	<input type="checkbox"/> Massage Therapy <input type="checkbox"/> Acupuncture
Grand Health Providers - Please Circle Preferred Provider (If Any)	
Dr. Kristin Schaffer, DC	Dr. Eric Lander, DC
Mary Larson, LMT	Tanya Thomforde, Certified Health Coach
Alethea Schaffer, LMT, CranioSacral Therapist	Ingrid Bloom, L.Ac

Please fax form to 651-224-2806. We will call your patient to schedule an appointment within 1 business day.