



Phone: (808) 795-6903 | Fax: (833) 740-4409 | hello@ascendingflowintegrative.com
Honolulu, HI 96813 | ascendingflowintegrative.com

PLEASE FAX COMPLETED REFERRAL WITH RECENT CLINICAL NOTES / LABS TO (833) 740-4409

PATIENT DEMOGRAPHICS & INSURANCE

Patient Name:	DOB:
Phone:	Email:
Address:	City / State / ZIP:
Sex assigned at birth:	Gender identity / pronouns:
Insurance Plan:	Member ID / Group #:

REASON FOR REFERRAL

- | | |
|--|--|
| ☐ Perimenopause & Menopause — HRT, non-hormonal treatment, sexual health & lifestyle support | ☐ Hormonal & Reproductive Health — PCOS, PMS/PMDD, fertility support, endometriosis, thyroid support & sexual health |
| ☐ Metabolic Health & Weight Management — insulin resistance, prediabetes, medical & nutritional weight management | ☐ Gut Health & Microbiome — digestive concerns, microbiome health & GI optimization |
| ☐ Complex & Chronic Health Concerns — mold/environmental exposures, toxins, Long COVID, MCAS & persistent symptoms | ☐ Culinary Medicine & Nutrition — therapeutic nutrition, food-as-medicine & lifestyle support |

☐ **Other:** _____

CLINICAL REASON FOR REFERRAL / SPECIFIC QUESTION

--

REFERRING PROVIDER

Provider Name / Credentials:	Practice:
Phone:	Fax:
Signature:	Date:

Thank you for trusting Ascending Flow Integrative with your patient's care.