



Seattle Clinic
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Seattle, WA 98125

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F: 855.564.1831

Bend Clinic
477 NE Greenwood Ave
Bend, OR 97702

P: 451.639.4598
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REFERRAL FOR VESTIBULAR THERAPY

Patient information

Patient Name: _____ Date of Birth: _____

Phone Number: _____

Reason for referral

- Telehealth sessions for vestibular and strength training
- Dizziness
- Vertigo (BPPV)
- Vestibular Migraines/Headaches
- Cervicogenic dizziness (neck related)
- Imbalance
- Other

NOTES:

Patient Name: _____

Provider Clinic Name: _____

Clinic Phone Number: _____

Clinic Fax Number: _____

Provider Signature: _____ Date: _____