



Seattle Clinic
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Seattle, WA 98133

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F: 855.564.1831

Bend Clinic
477 NE Greenwood Ave, Ste B
Bend, OR 97702

P: 541.639.4598
F: 855.564.1831

REFERRAL FOR VESTIBULAR THERAPY

Patient information

Patient name: _____ Date of birth: _____

Phone number: _____

Reason for referral

- ☐ Dizziness
- ☐ Vertigo (BPPV)
- ☐ Vestibular Migraines/Headaches
- ☐ Cervicogenic dizziness (neck related)
- ☐ Imbalance
- ☐ Other

NOTES:

Provider name: _____

Provider clinic name: _____

Clinic phone number: _____

Clinic fax number: _____

Provider signature _____ Date: _____