



Seattle Clinic
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Seattle, WA 98125

P: 206.672.0145
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

- Telehealth sessions for vestibular and strength training
- 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: _____