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Seattle, WA 98133

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F: 855.564.1831

Bend Clinic
461 NE Greenwood Ave
Bend, OR 97702

P: 541.639.4598
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REFERRAL FOR VESTIBULAR THERAPY

Patient information

Patient name: _____

Phone number: _____

Date of birth: _____

Reason for referral

- Dizziness
- Vertigo (BPPV)
- Vestibular Migraines/headaches
- Cervicogenic dizziness (neck related)
- Imbalance

Provider name: _____

Provider NPI: _____

Clinic phone number: _____

Clinic fax number: _____

Provider signature _____ Date: _____