



Naturopathic IV Nutrient Therapy Referral

Dear Doctor,

Thank you very much for your referral to The Clara Clinic. It is our priority to treat this patient as you would treat them in your own clinic, to ensure they receive the best care and monitoring possible.

In order to ensure we are clear about how you would like this patient managed and monitored, as well as ensure that we are following our licensing obligations, please check the following details.

Referral Type:

- If you are an ND that is not IVIT Certified, we must do an Initial intake with this patient and create an IV treatment plan.
- If you are an ND that is currently IVIT Certified, and you have created and implemented a treatment plan, we can accept a referral letter. This form will suffice as the referral letter to treat with clear instructions.
- If you are an MD, we can accept a delegation or referral letter to treat with clear instructions.

Further details to confirm:

- This patient wishes to do IV's in my clinic due to location convenience.
- Patient response and overall care will remain the responsibility of this patient's primary ND/MD.
- Monitoring labs relevant to care and IV Therapy will be performed by:
 - Primary ND/MD (please fax or email us copies)
 - ND providing IV Treatment at The Clara Clinic (we will email or fax you copies)

Please communicate any changes to treatment required, changes in the health status of your patient, or any special information to The Clara Clinic by email or fax.

We can best reach you at _____ to communicate about your patient if necessary.

*Please provide us with the exact IV Formula you wish us to use for your patient, and the frequency of infusion.

the
CLARA CLINIC



IV Nutrient Therapy Referral Form

Patient Name: _____	Referring Doctor: _____
Address: _____	License #: _____
_____	Clinic Name: _____
_____	City: _____
DOB (mm/dd/yyyy): _____	Phone: _____
Phone: _____	Fax: _____
Email: _____	Email: _____

Patient Information

Chief Complaints:	
Secondary Complaints: (Comorbidities)	
Treatment Requested: (ex. IV formula, frequency, etc - can attach as a separate document)	
Allergies:	
Current Medications:	
Current Supplements: (please list all)	
Lab Work (must include): - CBC - Creatinine/eGFR - Liver Enzymes (ALP, ALT, AST, GGT) - Electrolytes (Na, K, Cl, Co2) - G6PD <i>*only if more than 15g of vitamin C is required</i>	<i>*include date most recent labs were done, list any concerning findings, and include a copy of all relevant lab work with this referral*</i>

Please attach your formula and frequency of treatment.