



Chokkan Shiatsu & Wellness Services

4601 N. Oakland Avenue, Suite 221

Milwaukee, WI 53208 414/502-7336

www.shiatsuandwellness.com FB: @ShiatsuMilwaukee

Shiatsu • Seiki • Sotai • Craniosacral • Massage • Heartwork™ Coaching

Physician/Healthcare Provider's Referral

Patient Information

Patient Name _____ Date of Birth: _____

Insurance ID# _____ Date of Injury/Illness: _____

Referred to

Provider Name: Chokkan Shiatsu & Wellness Services

Specialty/Type of Treatment (circle): Massage // Shiatsu // Reiki // Craniosacral Therapy // Any

Reason for Referral

Diagnosis codes—ICD-9/10:

Number of visits (frequency/duration):

Is the referral for medically necessary treatment? Yes No

Description of condition:

Possible precautions due to condition:

Possible interactions with medications:

Referred by:

Physician/Health-Care Provider Name: _____

Phone: _____ Fax: _____

Email _____

Physician/Healthcare Provider Signature: _____

Date Signed: _____

Please note: Should you notice anything unusual or significant during treatment, please notify this office immediately. Otherwise, a summary report at the end of treatment is appreciated.