

# My Integrative Healthcare Team

## Practitioners: Western Medicine

Primary Care Physician:	Specialist Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:
Pharmacy Name:	Dentist Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:
Provider Name:	Provider Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:

## Practitioners: Complementary Medicine Systems and Therapies

Provider Name:	Provider Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:

## Practitioners: Support System

Provider Name:	Provider Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:

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## Practitioners: Stress Management

<b>Provider Name:</b>	<b>Provider Name:</b>
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:

## Practitioners: Well-being

<b>Provider Name:</b>	<b>Provider Name:</b>
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:

## Practitioners: Spirituality

<b>Provider Name:</b>	<b>Provider Name:</b>
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:

## Practitioners: Nutrition

<b>Provider Name:</b>	<b>Provider Name:</b>
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes:

## Practitioners: Exercise

<b>Provider Name:</b>	<b>Provider Name:</b>
Address:	Address:
Phone:	Phone:
Email:	Email:
Website:	Website:
Referrals and Notes:	Referrals and Notes: