

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:

My Integrative Healthcare Team

Practitioners: Stress Management

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

Practitioners: Well-being

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

Practitioners: Spirituality

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

Practitioners: Nutrition

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

Practitioners: Exercise

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