

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: Nutrition

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

My Integrative Healthcare Team

Practitioners: Exercise

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

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: Support System

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: