

Medical Referral Form – Notice of Expressive Arts Services (OUTSIDE CALIFORNIA)

Physician Name

Date

Dear Dr. _____;

I am writing to you on behalf of your patient, _____.

Your patient sought my services as an art facilitator to assist them with their goal

of _____.

Because there is the possibility of a medical etiology, and/or medical components for such issues, I want to be sure that you, as their medical doctor, are aware of these issues and have evaluated them to determine whether medical treatment is required.

Please let me know, if in your opinion, Expressive Arts and/or Imagery services would in any way be medically contraindicated for your patient or if my services would in any way conflict with your medical treatment.

Please note that I am not asking for your endorsement of Expressive Arts as I realize that you may or may not be familiar with the field of Expressive Arts. As a graduate of HMI's Nationally Accredited College in Tarzana, California, I am trained to work with a variety of licensed health care professionals, and I am following the protocol of my professional training.

I look forward to using my Expressive Arts and Imagery skills to help your patient achieve the results they are looking for. I welcome your feedback, direction, and suggestions that might be helpful to assist them in achieving their goals.

I would greatly appreciate the courtesy of you signing and returning this form so that I may be assured your receipt of this notice. If you have any questions or require any additional information, please feel free to contact me.

Thank you for your consideration in this matter.

Sincerely,

Jennifer Rae Struchen
Creative Catalyst/Art Facilitator
15102 Sylvan Street Van Nuys, CA. 91411
747-227-7287/art@expressivesoul.com

Signature of Receipt _____

Physician Signature Date