



**PEAK**  
HEALTH & WELLNESS

## Referral for Treatment

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

### Treatment:

- Pain Management
- Hormone Replacement Therapy
- Trigger Point Injection
- Large Joint Injection

Provider:  Bryan Hainsworth, PA-c

Shereen Zaugg, FNP-c

Provider Signature: \_\_\_\_\_

### Please Attach:

1 – 3 Recent Office Visit Notes

Radiology

Lab Results

Please Fax Referral to 801-689-2320

Questions? Please Call 801-689-3389