

Initial Referral Form  
Living Water Medical Acupuncture  
Margaret Tilton, MD

For initial referral please call 508-819-2260,

or email [LivingWaterAcupuncture@Outlook.com](mailto:LivingWaterAcupuncture@Outlook.com)

Please give this completed form to patient to bring to first appointment, or send as email attachment.

**Your Name/Organization:** \_\_\_\_\_

**Your Contact Information:** email: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Client/Patient Information (For OCHS referrals, please send copy of patient summary form instead):**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Town of residence: \_\_\_\_\_

Treatment diagnosis: \_\_\_\_\_

Other diagnoses: \_\_\_\_\_

Current medications (please include OTC/supplements if known):

_____	_____
_____	_____
_____	_____

Service requested (check one)

\_\_\_\_\_ Ear acupuncture (NADA protocol) only.- at **First Congregational Church of Wellfleet, 200 Main St. Tuesdays 3-6 PM. FREE.** Walk-in available after initial appointment.

\_\_\_\_\_ Whole body acupuncture – suitable for musculoskeletal/pain issues, depression/anxiety, substance use. \$25 initial consult (includes acupuncture), \$10 subsequent treatments, \$5 NADA protocol. **Healing Arts Collective, 47 Main St., Orleans.** By appointment.