A picture containing drawing

Description automatically generated

***Veterinary Physiotherapy consent and Referral form***

***To be completed by your Veterinary Practice***

*Animal Details:*

|  |  |
| --- | --- |
| Name: | D.O.B and Current age: |
| Breed: | Insured: Y / N |
| Sex: M / F | Insurance company name: |

*Client Details:*

|  |  |
| --- | --- |
| Full Name: | Home Contact Number: |
| Address:  Postcode: | Mobile Number: |
| Email Address: |

*Veterinary Practice Details:*

|  |  |
| --- | --- |
| Practice Name: | Name of Referring Surgeon: |
| Practice Address: | Contact Number: |
| Email Address: |
| Postcode: | Fax: |

*General Health Details:*

|  |  |
| --- | --- |
| Neutered/ Spayed: Y / N | Microchipped: Y / N |
| Vaccinations:  Date last received: | Wormers / Parasitic Treatments last given: |
| Current Weight:  Body Condition Score: |

*Reason for Referral:*

|  |  |
| --- | --- |
| Formal Veterinary Diagnosis:  Date of veterinary visit: | Affected Limb(s)/ Body part(s): |
| Clinical Presentation: (Including: *Locomotion / Atrophy / Pain / Neurological deficits/ Wounds)*  Previous Conditions: | Date of incident / presented symptoms:  Onset of condition- Sudden / Degenerative? |
| Diagnostics Performed:  Diagnostic Findings: |
| Surgery Performed: Y / N  Name of Surgical Procedure:  Date Performed:  Medications: *(Including Dosage)* | Advice given to owner:  Follow up appointment dates: |
| Special Requirements for Physiotherapy: *(Advised techniques & home care requirements)* | |

*Additional Information:*

**DECLARATION:**

*This animal is a patient under the care of DR……………………………………… and has received a full examination and health check prior to referral. It is of my opinion that this patient is fit to receive veterinary physiotherapy – including assessment, treatment and / or remedial exercise.*

*I authorise Rosie Smith owner of Stable Gait Veterinary Physiotherapy to conduct physiotherapy and / or remedial exercise as required, in conjunction with any ongoing, prescribed veterinary treatment.*

|  |  |
| --- | --- |
| Signed: | Name: |
| Date: |

*Practice Stamp:*

Please return the completed form to [*stablegait.vetphysio@hotmail.com*](mailto:stablegait.vetphysio@hotmail.com)prior to booking the first appointment. Please attach a copy of the patient’s veterinary medical history and any other relevant documents, such as diagnostic results and imaging.

Stable Gait Veterinary Physiotherapy will return veterinary reports regarding both my assessment findings and treatments given regarding the patient under my referral. These are to keep you informed of any clinical changes to the patient throughout the course of physiotherapy, and a final report will be issued upon discharge. Please tick the box below regarding how you would like to share correspondence:

|  |  |
| --- | --- |
| *Post:* | *Email:* |