# Veterinary Referral Form for Physiotherapy

|  |  |
| --- | --- |
| Client details | |
| Name |  |
| Address |  |
| Contact number |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Patient details | | | |
| Species |  | | |
| Name |  | Age |  |
| Breed |  | Sex |  |
| Equine only:  Yard address |  | | |

|  |  |
| --- | --- |
| Veterinary Practice details | |
| Practice name |  |
| Referring veterinarian |  |
| Address |  |
| Contact number |  |
| Vets Email |  |

|  |  |
| --- | --- |
| Case history | |
| Current problem |  |
| Relevant medical history  (Pre-existing conditions, general health details, etc.) |  |
| Current medication |  |

|  |  |  |
| --- | --- | --- |
| Please indicate if your animal has been diagnosed with any of the following: | | |
| Condition | ✓ | Details |
| Tumour |  |  |
| Cardiac problems |  |  |
| Pregnancy |  |  |
| Infection or virus |  |  |
| Haemorrhage or gastric ulcers |  |  |
| Electrical implant/ Pacemaker |  |  |
| Skin condition |  |  |
| Metal implants |  |  |
| Steroid injections |  |  |
| Currently receiving anti-inflammatory medication |  |  |
| Photosensitivity |  |  |

# Declaration

This animal is under my care, and is in my opinion fit to receive physiotherapy treatment. I authorise physical therapy, electrotherapies and remedial exercise for my animal to be carried out by Zoe Miles Veterinary Physiotherapist.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |
| Print name |  |

Please indicate below if you would like a report of findings after your animal’s initial assessment. You are welcome to contact me at any point to request information on findings.

Yes ☐ No ☐