



J.M. Stuhler-Raphael DVM CVA and J. Hentemann LVT CCRP

## REFERRING VETERINARIAN'S FORM

TODAY'S DATE		
<b>REFERRING VETERINARIAN</b>	Name: Signature:	
BUSINESS NAME		
BUSINESS ADDRESS		
PHONE		
FAX		
EMAIL		
PREFERRED CONTACT METHOD		
<b>CLIENT NAME</b>		
ADDRESS		
PHONE		
EMAIL		
<b>PATIENT NAME</b>		
AGE or DATE OF BIRTH		
SEX		
SPEYED/NEUTERED (Yes/No)		
BREED		
BODY WEIGHT		
RABIES VACCINE COMPLIANT (Yes/No)		
DIFFERENTIAL DIAGNOSES		
INJURY DATE		
SURGERY DATE		
SPECIAL CARE INSTRUCTIONS		
HANDLING PRECAUTIONS		
MEDICATIONS & SUPPLEMENTS		
MEDICATION ALLERGIES		
<b>SERVICE REQUEST:</b> Explain in a few words why you are referring, and when convenient, indicate requests below.		
<input type="checkbox"/> Rehabilitation consultation	<input type="checkbox"/> Cryotherapy	<input type="checkbox"/> Weight bearing / shifting exercise
<input type="checkbox"/> Hydrotherapy (underwater treadmill)	<input type="checkbox"/> Heat therapy	<input type="checkbox"/> Range of motion assessment & manipulation
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Therapeutic exercise	<input type="checkbox"/> Other modalities:
<input type="checkbox"/> Class IV laser	<input type="checkbox"/> Controlled exercise for weight management	