**Rebecca Stott** MCSP, HCPC, ACPAT Chartered Physiotherapist.

**Veterinary Referral and Consent Form for Physiotherapy**

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| **Owner Details** | | | | | | | | | |
| Name: |  | | | | | | | | |
| Address: |  | | | | Postcode: | | |  | |
| Telephone: |  | Email: |  | | | | | | |
| **Dog Details** | | | | | | | | | |
| Name: |  | | | Age: | |  | Neutered: | |  |
| Breed: |  | | | Gender: | |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Referring Veterinarian Details** | | | | | |
| Name: |  | | | | |
| Practice: |  | | | | |
| Address: |  | | | Postcode: |  |
| Telephone: |  | Email: |  | | |

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| --- | --- | --- | --- | --- | --- |
| **When would you like to receive emailed updates:** (Please put a ‘X’ to indicate) | | | | | |
| First and Final Session |  | Every Session |  | Other |  |

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| **Reason for Referral:**(Please include investigations completed, diagnosis and treatment) |
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| --- | --- |
| **Past Medical History** | **Medications** |
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| **Special Instructions and Precautions** |
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I consent the above animal receives physiotherapy assessment and appropriate treatment. I understand that in making this referral I am not responsible for any physiotherapy assessment and treatment provided as this is responsibility of Rebecca Stott under her professional indemnity insurance. I understand I will be kept informed of progress with physiotherapy. Information on this form will be used only for physiotherapy appointments.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**If emailing from practice email address you can type your signature into the box to save paper.**