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 Nanaimo, B.C. V9V 1N1
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Rehabilitation Referral Form

Date						
Owners name						
Phone	Home		Cell		Work	
Address						

Patient name		Breed		Sex	
Birth date		Colour		Spayed/neutered	

PATIENT HISTORY

Diagnosis	
Duration	
Referring veterinarian & clinic	
Surgical procedure & date	
Surgeon & clinic	
History of present illness	
Treatment since injury/surgery	
Current medications	
Non-prescription medications/supplements	
Relevant medical history	
Vaccine history	
Allergies	
Special instructions/precautions	

Radiographs included Yes No

If no, please select one of the following:

I approve for you to take radiographs if the therapist feels they are necessary

I would like the patient to have radiographs done at the referring clinic if the therapist feels they are necessary

Full medical records included Yes No

***Important note: Patients require a diagnosis before they will be accepted for rehabilitation.**

DVM Signature _____