|  |  |
| --- | --- |
|  |  |

# Referral Form

Aqua-Therapy

Post-Surgical Rehabilitation Preventative Conditioning

Medical Massage

Therapeutic Exercise

Gait Training

Therapeutic Laser

Athletic Conditioning

Weight Loss Programs

## Referral Guidelines

1. Please complete this form and return it, along with a copy of any pertinent history, radiographs and laboratory findings that may relate to the referral via fax or email.

Email: oxfordcountyrehab@gmail.com Fax: 519-290-9401

## Referring Veterinarian Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referring Veterinarian: |  |  | Date: |  |
| Referring Practice: |  |  | Phone number: |  |
| E-Mail Address: |  |  | Fax No: |  |

## Client and Patient Information

|  |  |
| --- | --- |
| Client Name: |  |
| Patient Name, Sex, Age |  |
| E-Mail Address: |  |
| Client Address: |  |
| Phone No: |  |
| Reason for Referral |  |

|  |
| --- |
| **History**:**Previous surgeries:****Last Rabies vaccine:** |
|  |
| Suspected Diagnosis: |

## Additional Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Medication: |  |  | Radiographs Attached |  |
| Patient Insured? |  |  | Special Instructions: |  |

## Progress Reports- For veterinarian

How would you preferred to be contacted?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone |  |  | Postal- mail |  |
| Fax |  |  | E-mail: |  |

 |

## For Veterinarian

I, the undersigned, hereby confirm that to the best of my knowledge, the patient being referred does not have any past or present neoplastic processes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referral Veterinarian Signature |  |  | Date: |  |

\*If the patient being referred has had previous neoplasia, please alert us in the history as laser is contraindicated in these patients\*

**\*\*Please note that we value your referrals and thus, all patients who are referred to us will not be permitted to be clients of Oxford County Veterinary Clinic for regular veterinary care for a period of 1 year (12 months) from the completion of their rehabilitation therapy.**