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**The Pet Rehabilitation Center at Boston Animal Hospital Referral Form**

**Client Information**

Client Name:

Client Address:

Client Phone Number:

Is patient current on: Rabies Distemper

**Patient Information**

Patient Name:

Date of Birth:

Sex: M MN F FS

Bordetella Unknown

**Condition for Referral:**

Diagnosis:

Date of Diagnosis:

Diagnostics Performed: Physical Exam Radiographs Lab Work CT/MRI Other:

Surgery Performed: Date of Surgery:

Current Medications:

**Concurrent or Chronic Medical Conditions:**

None

Respiratory Disease (Please specify) \_\_\_\_\_

Cardiac Disease (Please specify) \_\_\_\_\_

Dermatologic Disease (Please specify) \_\_\_\_\_

Other: \_\_\_\_\_

**Treatment Goals (Choose all that apply) :**

Short Term Rehabilitation of Condition                      or                      Long Term Rehabilitation for Maintenance

Improved Mobility/Function    Pain Management                      Weight Loss

Other:

**Therapeutic Modalities (please circle):**

Discretion of Rehabilitation Practitioner OR                      Limited to the following:

Manual Therapy

Underwater Treadmill

Swimming

Class IV Cold Laser Therapy

**Follow up:**

Date of next recheck exam with referring:

Date of next radiographic study:

\_\_\_\_\_ Please indicate here if you would like Boston Animal Hospital to perform follow up radiographs

**I would like to receive updates about this patient's progress:**

After each visit                      weekly                      after 6-10 sessions                      I would not like to receive updates

Email:    Phone:    Fax:

If a patient is due for follow-up diagnostics, I would/would not like these taken at Boston Animal Hospital

Name of Referring:

Hospital:

Date:

Please Fill out and return to Boston Animal Hospital

Fax: 617-427-2215 or email to [rehab@bostonanimalhosp.com](mailto:rehab@bostonanimalhosp.com)