

BALANCED MOTION
ANIMAL REHABILITATION, LLC

MARY KAY DOBBECK, PT, CCRP
Physical Therapist, Certified Canine Rehab Practitioner

CRYSTAL LAKE, IL
Phone: 815-527-1533 Fax: 815-893-6920

REHABILITATION REFERRAL FORM

CLIENT

NAME _____

ADDRESS _____

PHONE: HOME _____ CELL _____

PATIENT

NAME _____ BIRTHDATE _____ CANINE _____ FELINE _____

BREED _____ SEX: M ___ MC ___ F ___ FS ___ // RABIES VACCINATION _____

REFERRAL FOR REHABILITATION

DIAGNOSIS/CONDITION _____

OTHER DIAGNOSES/CONDITIONS _____

PERTINENT MEDICAL HISTORY (including treatments/surgeries relative to pertinent diagnosis/condition)

ADDITIONAL INFORMATION (allergies, temperament, etc) _____

PRECAUTIONS _____

PLAN: REHAB EVALUATION & TREATMENT FOR ABOVE PATIENT PER REFERRAL _____

REFERRING VETERINARIAN

NAME _____

CLINIC/ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

DVM Signature _____ DATE _____