



5886 Tutt Blvd  
Colorado Springs, CO 80923  
Phone: 719-550-8303 / Fax: 719-434-9502

### Rehabilitation Referral Form

**\*\*Please Fax Completed Form to 719-434-9502\*\***

#### Referring Veterinarian Information

Date:

Referring Hospital:	Referring Doctor:
Phone #:	Fax #:
Email:	Preferred Contact: (circle) Phone / Fax / Email

#### Client Information

Client Name:	
Client Address:	
Client Preferred Phone:	Alt. Phone:

#### Patient Information

Patient Name:	Age:	Sex: (circle) M / F / NM / SF
Species:	Breed:	

#### Medical History

Diagnosis / Chief Complaint:
History/Physical Exam Findings:
Treatments/Current Medications:
Special Requests/Comments:

Please indicate if your clinic would like to receive faxed records from your patients' physical rehabilitation appointments by checking the following boxes:

- I would like to receive the **Initial Evaluation / Treatment Notes**  
 I would like to receive all **Follow Up Treatment Notes**