Kent Animal Physio

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**PHYSIOTHERAPY CONSENT FORM**

This patient has been referred for physiotherapy or a physiotherapy assessment has been requested for this patient by your client.

|  |  |  |  |
| --- | --- | --- | --- |
| Animal’s Name: |  | Breed: |  |
| Age: |  | Sex: |  | Weight: |  |
| Client’s Name: |  |
| Address: |  |
| Tel: |  |
| Reported problem: |
| Is this animal being treated for/with any of the following (please tick):□ Malignant tumour (not suitable for electrotherapy) □ Photosensitive medication□ Benign tumour (suitable for electrotherapy) □ Heart condition  |
| Relevant medical history and current prescribed medication (please attach documentation if preferable): |
| Vet Name: |  |
| Practice: |  |
| Address: |  |

I consent to the above animal receiving physiotherapy treatment.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed, please return this form to **joanna@kentanimalphysio.co.uk**. Thank you.
**Joanna Stephens** PGDip Veterinary Physiotherapy

