

# St. Joe Vet Hospital Rehab Referral Form

Date \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_ Practice \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

rDVM and Practice (if different from referring veterinarian) \_\_\_\_\_

## Client Information:

Client Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

## Patient Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

## Primary Diagnosis:

\_\_\_\_\_  
confirmed tentative

## Prognosis Offered:

## Concurrent Medical Conditions:

## Current Medication(s) / Treatment:

## Reason for Referral:

Post Operative Rehabilitation   Neurological   Musculoskeletal/Arthritis   Geriatric Support Care  
Conditioning   Obesity

## Special Considerations / Precautions:

## Must be up to date on vaccinations:

Date due: Rabies \_\_\_\_\_ DHPP (+/- Leptospirosis) \_\_\_\_\_ Bordetella \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_

The rehab exam, consult, and first round of rehab is included in the first visit. This first visit will last 1-2 hours. Our current fee is \$120.00 for the first visit.

Please fax/email any other important medical history to 812-963-5348 or [stjoevet@yahoo.com](mailto:stjoevet@yahoo.com)