



# Pivot Point Equine Sports Therapy

79590 Ryno Road

Broken Bow, NE, 68822

(308) 870 - 2526

## VETERINARIAN REFERRAL FORM

<b>REFERRING VETERINARIAN</b>	<b>REFERRING CLINIC</b>
<b>CLIENT NAME</b>	<b>PATIENT NAME</b>
<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>CITY, STATE, ZIP</b>	<b>E-MAIL</b>
<b>DATE OF INJURY/ SURGERY</b>	<b>DATE OF REFERRAL</b>
<b>REASON FOR REFERRAL:</b>	
<b>PLEASE LIST MEDICAL CONDITIONS AND/OR MEDICATIONS</b>	
<b>PLEASE SELECT ALL THAT APPLY</b>	

\_\_\_\_\_ P.T. EVALUATION AND TREATMENT

\_\_\_\_\_ SPECIFIC TREATMENT: \_\_\_\_\_

\_\_\_\_\_ OTHER: \_\_\_\_\_

*As the referring veterinarian, I understand that I remain the primary, medical care provider.*

**Veterinarian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please indicate the level of communication you prefer on this case:**

- Written assessment of evaluation findings will be sent within 7 days of the horse's evaluation.
- \_\_\_\_\_ Phone call within 24 hours of arrival/ appointment.
- \_\_\_\_\_ Phone call when significant events occur.
- \_\_\_\_\_ Communication by e-mail is acceptable.