



## PHYSIOTHERAPY CONSENT FORM

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

Patient name:		Age:		Sex:	
Client name:		Breed:			
Address:					
Tel:			Mobile:		

Reported problem:

Vet name:
Practice name:
Practice address:

I would be grateful if you could return this form indicating whether or not you will consent to a physiotherapy assessment and any appropriate treatment.

I consent to this patient having physiotherapy: **YES/NO**  
 (please delete as appropriate)

Signed \_\_\_\_\_ Print name \_\_\_\_\_

Please also include details of the patient's medical history below:

Once completed please return this form via **Fax: (0113) 2360904.**

Thank you,

*Hannah Theakston*

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CHARTERED VETERINARY PHYSIOTHERAPIST