The Named Client below has been referred for Pain Management, Acupuncture and physiotherapy or the client has requested an assessment.

|  |  |
| --- | --- |
| Name:  |  |
| Address: | Email: Telephone:  |
| Services:Pain ManagementAcupuncture Physiotherapy | Clinicians Dr Katie SmithersManessa Faal |

 Patient Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Age:  | Species: | Gender:  |
| Insured: Yes/No |  |
| Presenting condition  |

 Referring Vet Details

|  |
| --- |
| Veterinary Surgeon: RCVS number: Referring Practice:  |
| Practice Address:  | Telephone: Email:  |

Please tick this box if you wish to dispense any prescribed medication

I consent to this patient being treated: YES/NO (Please delete as appropriate)

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

Please include any relevant medical History as an attachment or a summary in the box

|  |
| --- |
|  |

Please could you return this form indicating your consent to consultation, assessment and appropriate treatment and return by email to info@faithreferrals.co.uk

Many Thanks,

Katie Smithers BVSc CertAVP(VA) PGCertVPS MRCVS RCVS Recognised Advanced Practitioner in Veterinary Anaesthesia and Manessa Faal BSc (Hons) Physiotherapy, PGDip Veterinary Physiotherapy MCSP, HCPC, ACPAT CAT A