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 Management  Acupuncture  Physiotherapy | Clinicians  Dr Katie Smithers  Manessa 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