VETERINARY PHYSIOTHERAPY OWNER CONSENT FORM

BASIC INFORMATION

Name

Phone Number

Email

Address

ANIMAL DETAILS

Name | Age | Height | Sex | Colour

Discipline/ Sport

History:

Current Concern /Diagnosis

Health History

Current diet/supplements:

Other:

Stabled: Y N

Hours:

Paddock: Y N

Hours:

TREATING VETERINARIAN

Name:

Practice:

Phone:

Email:

HEALTH CARE TEAM DETAILS

Farrier:

Chiropractor:

Coach:

Other:

Kelcie Mitchell
BSc PHTY (HONs),PgDip VetPHTY
APAM, ACPAT, ANZAVPA

ABN: 98 168 802 262
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collequted_physiotherapy@outlook.com

I hereby consent to this animal having veterinary physiotherapy assessment and treatment.

Signed:…… Date: / /

PHYSIOTHERAPY RIDER ASSESSMENT CONSENT FORM

BASIC INFORMATION

Name

D.O.B.

Phone Number

Email

Address

MEDICAL DETAILS

Doctors Name

Practice:

Private Health:

Permission to notify Doctor of attendance? Y /N

Do you have a Primary Enhanced Care Plan? Y /N

Current Concern /Diagnosis

HEALTH HISTORY

Do you have (or previously had) any medical conditions the physiotehrapist is required to know?

Please tick:

- High Blood pressure
- Heart attack/problems
- Thyroid problems
- A pacemaker
- An aneurysm
- Strokes / blood clots
- Epilepsy
- Cancer
- Diabetes
- Osteoporosis
- Osteoarthritis
- Rheumatoid Arthritis
- Ankylosing Spondylitis
- Psoriatic arthritis
- Spinal fracture
- Soinal surgery
- Other surgeries
- Dislocations
- Ligament Injuries
- Cartilage Injuries
- Lung problems

Have you ever taken blood thinners? Y /N

Have you ever taken oral prednisolone? Y /N

Have you recently had any unexplained weight loss? Y /N

Please list any current medications

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PHYSIOTHERAPY RIDER ASSESSMENT CONSENT FORM

PREVIOUS TREATMENT

Have you ever seen a physiotherapist before? Y /N

If yes, was there anything you were not happy about?

List three things you are wanting from physiotherapy:

1.

2

3.

EMERGENCY CONTACT DETAILS:

Name:

Relationship to patient:

Best contact number

INFORMED CONSENT

I consent to the assessment and treatment recommended and performed by Collequted Physiotherapy in accordance with the governing body's professional guidelines. This may include manual therapy techniques, soft tissue massage, dry needling, electrotherapy modalities, strapping techniques and exercise prescription. I understand that before treatment is carried out, a full explanation of the purpose and any risks of that treatment will be provided. I understand that should I wish to decline any form of assessment or treatment, then I am entirely within my right to do so and that I should inform the clinician of my wishes at that time. By signing this form, I am in agreement with these terms and conditions.

Patient Signature:……. Date: / /

Parent signature (if under 18):……..

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