Newberg Canine
Rehabilitation Center, LLC

NCR Client Referral From

Client _____ **Canine** _____

Breed _____ **Sex** _____ **Age** _____ **Weight** _____

Referring Vet/Clinic _____

Clinical Conditio _____ **Onset/Sx Date** _____

Diagnotisc Imagery Performed On This Area **Yes** _____ **No** _____

X-rays ☐ **CT** ☐ **MRI** ☐ **US** ☐ **Other:** _____

Imaging Results: _____

Special Insturctions: _____

_____

_____

Frequency _____ **Times Per Day** _____

☐ **Board Until** _____ **Drop Off:** _____

_____

Treatment Plan:

- ☐ **Laser Therapy**
- ☐ **Hydrotherapy**
- ☐ **Ultrasound**
- ☐ **Joint Mobilizations**
- ☐ **Therapeutic Exercise**
- ☐ **Passive Range of Motion**
- ☐ **Gait Training**
- ☐ **Weight-Bearing/Weight Shifts**
- ☐ **Hot Pack / Cold Pack**
- ☐ **Massage**
- ☐ **Electrical Stimulation**
- ☐ **Neuromuscular Reeducation**
- ☐ **Other:** _____

*** To my knowledge, there is no reason why this canine should not have Physical Therapy Services.**

DVM Signature _____ **Date** _____