



# Veterinarian Referral Form

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[www.peakvets.com](http://www.peakvets.com)

Please complete the information below and either mail or fax to Peak Performance Veterinary Group.

## Referring Veterinarian

Name \_\_\_\_\_ Clinic \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_

## Client

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Patient

Name \_\_\_\_\_ Age or Date of Birth \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Gender \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

## Referral Information

Clinical condition \_\_\_\_\_ Onset/Initial surgery date \_\_\_\_\_

History and supporting information (please include copies of labwork, radiographs, etc.) \_\_\_\_\_

\_\_\_\_\_

Current medications (including nutraceuticals and NSAIDs) \_\_\_\_\_

Special instructions/precautions \_\_\_\_\_

\_\_\_\_\_

## Desired Services (circle all that apply)

- |   |  |  |
|---|--|--|
| <input type="radio"/> Rehabilitation assessment | <input type="radio"/> Electrical stimulation       | <input type="radio"/> Hydrotherapy               |
| <input type="radio"/> Massage                   | <input type="radio"/> Stretching                   | <input type="radio"/> Acupuncture                |
| <input type="radio"/> Therapeutic exercise      | <input type="radio"/> Weight-bearing/weight shifts | <input type="radio"/> Passive range of motion    |
| <input type="radio"/> Pain management           | <input type="radio"/> Neuromuscular reeducation    | <input type="radio"/> Strengthening/conditioning |
| <input type="radio"/> Therapeutic laser         | <input type="radio"/> Owner education/home program |  |

## Desired Outcome of Treatment (circle all that apply)

- |   |  |   |
|---|--|---|
| <input type="radio"/> Restore range of motion       | <input type="radio"/> Improve function | <input type="radio"/> Weight reduction              |
| <input type="radio"/> Improve strength/conditioning | <input type="radio"/> Pain management  | <input type="radio"/> Owner knowledge/understanding |

DVM signature \_\_\_\_\_

Date \_\_\_\_\_