



# MILILANI MAUKA VETERINARY CLINIC

## Canine Rehabilitation Referral Form

Ph.# 808-626-7600 ~ Fax# 808-626-7603 ~ 95-1095 Ainamakua Dr. Suite 5 Mililani, HI 96789

Date: \_\_\_\_\_ Referring DVM: \_\_\_\_\_ Clinic: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Client(s): \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Patient: \_\_\_\_\_ Species:  Canine  Feline Breed: \_\_\_\_\_

Sex:  Male  Female  Neutered/Spayed Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current weight: \_\_\_\_\_

Presenting problem: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

1. Date(s) of radiographs: \_\_\_\_\_ (Please send radiographs to [jayme@mmvetclinic.com](mailto:jayme@mmvetclinic.com))

2. Surgical Procedure: \_\_\_\_\_

Date of procedure: \_\_\_\_\_ Date of discharge: \_\_\_\_\_ Date of follow-up visit: \_\_\_\_\_

Additional treatments or prescribed therapies:

Medications (Drug/Dose/Volume):

a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

3. If surgery was not an option, please describe current treatment/therapies:  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list any pre-existing conditions (include neoplasia and pregnancy):  None

\_\_\_\_\_  
\_\_\_\_\_

5. Are there any precautions we should be aware of (please include allergies to medications or food):  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above patient is being referred to **Jamie Furutani, DVM, CCRT** for:

Rehabilitation services: evaluation and/or treatment

- Post injury
- Post-surgical correction
- Neurological disease
- Weight loss program
- Geriatric program

Acupuncture services

Therapeutic Modalities (LASER, electrical stimulation, therapeutic ultrasound)

Please include copies of: radiographs, laboratory data, and a summary of patient's medical record. Referral information can be mailed, faxed or sent with the client. If using postal services please allow enough time for the information to arrive so that information is available at the time of consultation. Phone consultations are encouraged and welcomed.

**Please have client(s) call to make an appointment.** Clients are encouraged and welcome to call regarding questions or concerns about their appointment, please speak with **Jayme, CVT, CCRA (808-626-7600)**.