EVERHART
— VETERINARY MEDICINE —

Physical Rehabilitation Questionnaire

Name of Owner:
Address:
Phone:
Email:

Patient Name:
Species/Breed:
Sex:
Age:
Weight:

Best time and way to reach you: _____

Referring/Regular Veterinarian if different then Everhart: _____

Please help us prove your pet with a complete evaluation by taking the time to fill out this questionnaire carefully. If there is anything you wish to bring to my attention, which is not on this form, please note it in the comments section.

Presenting Complaint:
What is the main problem you would like to help your pet with? _____
_____
_____

Hong long ago did this problem begin (be as specific as possible)? _____
_____

To what extent does this problem interfere with your pet's daily activities? _____
_____
_____

What diagnosis have you been given for this problem? What kind of treatment have you tried?
_____
_____
_____

List current medications/herbal/supplements your pet is on including heartworm/flea prevention:
_____
_____
_____

Current Status:

Name your pet's diet (type of food, how much give, how often, any treats): _____

_____

Please detail your pet's current activity level (length of walks, frequency of walks, duration of playtime): _____

_____

_____

Medical History:

Past Significant Illness: _____

_____

Surgeries: _____

_____

Significant Trauma: _____

_____

Allergies: _____

Any negative reactions to medications/vaccines (please give specifics): _____

_____

_____

Neurological/Behavior Problems:

☐ Seizures	☐ Loss of Balance	☐ Lack of Coordination
☐ Anxiety Bad	☐ Temper	☐ Behavior Changes
☐ Weakness	☐ Good Attitude Easily	☐ susceptible to stress

Any other neurological or behavioral problems? _____

_____

Musculoskeletal:

☐ Likes being massaged	☐ Moves from touch/massage	☐ Neck pain
☐ Back pain	☐ Knee pain	☐ Shoulder pain
☐ Hip pain	☐ Muscle weakness	☐ Stiff
☐ Limping	☐ Difficulty getting up	☐ Easily susceptible to stress
☐ Keeps tail tucked in		

Any other joint, bone or muscle problems? _____

_____

_____

If stiff or experiencing muscle pain, how long has your pet experienced this problem? _____

_____

Is the stiffness or pain worse: ☐ Day ☐ Night ☐ After rest ☐ After activity
☐ When is it cold out ☐ Hot out ☐ Damp out

Additional Comments: _____
_____
_____
_____

Authorization for Perform Physical Rehabilitation Therapy

I understand that the following are considered alternative forms of therapy:

- Underwater Treadmill
- Neuromuscular Electrical Stimulation
- Laser Therapy
- Therapeutic Ultrasound

In addition, I understand that all medicine, both alternative and conventional, run some inherent risk.

I understand that before my pet enters the underwater treadmill, he or she must urinate and defecate prior to appointment. If my pet urinates or defecates while in the underwater treadmill, I understand I must pay a $20 service fee per incident.

I authorize Dr. Stephanie Menefee to perform physical rehabilitation therapies on my pet. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

Signature: _____ Date: _____