



Physical Rehabilitation History Form

Patient Name:	Owner's Name :	Date :
Breed:		
Age:	Birthdate (if known):	
Sex: F F/S M M/N		

Major Complaints/Issues	Duration
1.	
2.	
3.	

List down most recent neuro or orthopedic surgeries performed (last 5 years):

_____ Date : _____

_____ Date : _____

_____ Date : _____

Was your pet diagnosed with any of the following conditions (Mark all that apply):

	Date of Diagnosis (if known)	Comments/Details Pertaining to Condition
Lyme or Any Tick-Borne Disease		
Heart Murmur/Cardiac Disease		
Tumor or Cancer		
Seizures		
Autoimmune Condition		
Allergies (Food or Environment)		

Please list down your pet's current medications including supplements :

Name of Medication (include strength in mg)	Dosing	Name of Medication (include strength in mg)	Dosing
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

Current Diet : _____ Treats : _____

