



## Rehabilitation Evaluation

### New Patient Information

Client Name:

Patient Name:

Patient Age:

Male:      Female:                      Spayed/Neutered:

Please describe current issue requiring rehabilitation therapy (please include how it began, how long it and how it has progressed):

Current medications and supplements (please list name, dose and frequency given):

Current diet (please list name of food(s), amount and frequency, include treats and anything else the pet eats):

Current exercise/activity level:

Previous surgeries:

Previous or current health issues:

Goals for therapy: