



## MID-ATLANTIC ANIMAL SPECIALTY HOSPITAL, LLC.

BRUCE S. NWADIKE, DVM, DIPLOMATE ACVS  
*Surgery*

RODNEY E. OAKLEY, DVM, DIPLOMATE ACVS  
*Surgery*

AMIE L. HESBACH, MS, PT  
*Physical Rehabilitation*

### For Paws Rehabilitation Referral Request and Information Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Client Phone Number: \_\_\_\_\_  
Referring Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_

What are Your Goals for Physical Rehabilitation? \_\_\_\_\_  
\_\_\_\_\_

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

Medical History (Including Medications and Results of Diagnostic Testing): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason that this patient should not participate in cardiovascular exercise (i.e. underwater treadmill, land treadmill, or swimming)? \_\_\_\_\_

Other Precautions: \_\_\_\_\_

Date of the next scheduled follow-up visit with the referring veterinarian. \_\_\_\_\_

#### For Canine Conditioning Program Referrals Only:

Goal Body Weight: \_\_\_\_\_

Results of Thyroid Panel: \_\_\_\_\_

Recommended Diet: \_\_\_\_\_

Referring Veterinarian Signature: \_\_\_\_\_

Please feel free to contact us via telephone at MASH at 410.414.8250 or via email at [forpawsrehab@comcast.net](mailto:forpawsrehab@comcast.net). All For Paws Rehabilitation services are supervised by a staff veterinarian at MASH.