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Physical Rehabilitation Drop-Off Update

<u>Date:</u>
Client Name:
Patient Name:
Problem being rehabbed for:
In general, how do you feel the patient is doing compared to last visit? Same, improved, or worse. Please elaborate.
How do you feel the patient is doing overall (since beginning rehab)? Same, improved, or worse. Please elaborate.
Are you able to do home exercises as prescribed? Yes, No, or Not as often as should. Please elaborate.
List of Current Pain meds or supplements, doses and frequency:
Has your pet urinated today? Yes, No Has your pet defecated today? Yes, No
Any other info or comments/requests?
Phone # where can be reached today for questions:
Unless otherwise specified, your pet should be dropped off by 9 am, and will be ready to be picked up after 5 pm. We can call you if ready prior to this time.
Signature