

FOUR LEG REHABILITATION THERAPY

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INITIAL ASSESSMENT

 Initial Assessment Date:

Name:

Breed:

Age / Sex:

Owners:

Address:

Veterinarian:

 Present Condition / Subjective Findings:

Past Medical History:

Aggravate:

Medications:

Ease:

Remedies Tried:

Diagnostic Tests:

Veterinary Diagnosis:

 Posture / Gait / Observations:

Neurological Signs / Tests:

 Spinal Assessment:

Peripheral Joints:

C/S:

T/S:

L/S:

Pelvis:

TMJ:

 Therapist's Impression:

Treatment & Plan:

Therapist's Signature: _____