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## Rehabilitation & Fitness Referral Form

Referring Clinic/Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Canine  Feline Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Rabies Vaccine Current (Yes/No?): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please email any relevant records (medications, pre-existing conditions, diagnostic tests such as bloodwork or x-rays) to our office @ [rehab@crestviewah.com](mailto:rehab@crestviewah.com) – Attn: Tina Johnson**

Reason for Referral/Diagnosis/Surgeries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Precautions/Contraindications: \_\_\_\_\_

\_\_\_\_\_

Current medications/supplements: \_\_\_\_\_

\_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your referral! Any non-rehab related problems or questions will be directed to your office, unless otherwise requested. Please have the owner contact our office to set up the consultation appointment.