



**CANINE AND FELINE COLD LASER ACUPUNCTURE REFERRAL FORM**

Referring Veterinarian

Dr. \_\_\_\_\_ Clinic: \_\_\_\_\_

Owner

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

Pet

Name: \_\_\_\_\_ Species:  Canine  Feline

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  F  S  M  N

Medications: \_\_\_\_\_

Other concurrent therapies:  Acupuncture  Chiropractic  Hydrotherapy  Physiotherapy

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

Problem areas (also highlight main areas of concern on next page on body map):

*\*Please include known injuries, surgical procedures, congenital defects, etc.\**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current pain score (as per Colorado State University Scale):  1/4  2/4  3/4  4/4

Goals for Cold Laser Acupuncture Therapy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

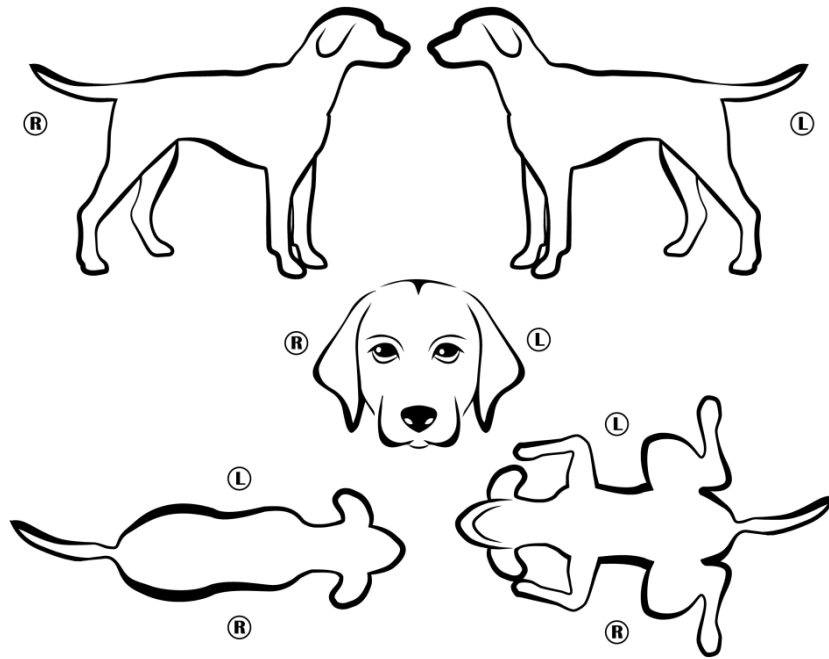
Is there anything in this patient's known medical history that would contraindicate laser therapy?

YES

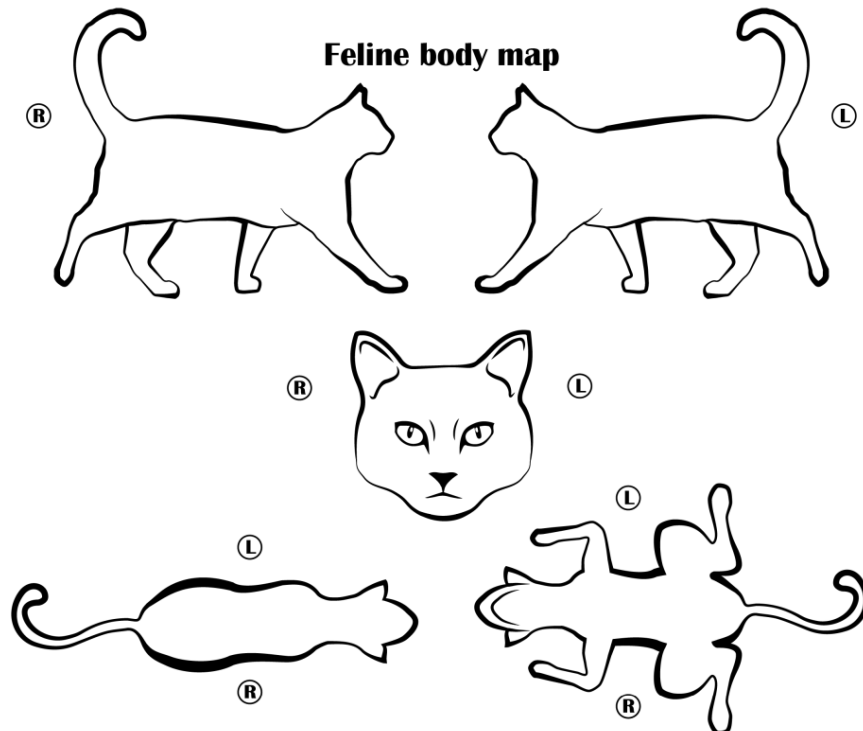
NO

Referring Veterinarian's Signature: \_\_\_\_\_

**Canine body map**



**Feline body map**



*Body maps adapted from Dr Sue Ettinger's website [drsuecancervet.com](http://drsuecancervet.com)*