

Practice: The Horse Physio

Address: 8 Kingcup Road,
Stafford, Staffordshire, ST17 9JQ

Tel 07976 413488

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www.thehorsephysio.co.uk

Office use only

Travel:

Session:

Vet consent:

Database:



Equine Assessment

Owner's Details

Name:

Address:

Phone: Home:

Mobile:

Email:

Source of referral:

Consent to treatment: Yes / No

Is horse insured? Yes / No

Insurance Company:

Emergency contact details (who should I call if something happened to you?): Phone:

Horse's Details

Name:

Mare / Gelding / Stallion

Age:

Height:

Colour:

Owned since:

Breed:

Use:

Vetted for purchase: 5 stage / 3 stage / not vetted / xrays (please specify)

Risk Assessment: Likely to kick / bite / barge / be nervous / other (please specify)

Yard address:

Treated at (address and postcode):

Vet's Details

Name, Practice, Tel:

Last wormed:

Last vaccinated:

Any reaction to worming or vaccination?

Has vet seen problem?

Yes / No

Last seen by vet:

Veterinary consent:

Written (requested) / Verbal (via owner)

Expectations of assessment and treatment:

To ensure high standards of treatment and care I will:

- explain to you how physical therapy can help your animal, including the benefits and risks associated with treatment.
- undertake an assessment prior to commencing any treatment and explain the results of this assessment to you.
- explain the treatment to be provided during each session.
- maintain contact with your veterinary surgeon during the course of treatment if appropriate.
- upon completion of treatment, appropriate management advice will be provided.

If, for any reason, you are unhappy about your treatment, you:

- should inform me immediately to see if the matter can be resolved informally.
- are entitled to make a complaint to The Horse Physio (Sue Palmer), ACPAT (with regards to Sue Palmer) or Intelligent Horsemanship (with regards to Sue Palmer). Complaints are treated seriously and your complaint will be dealt with promptly and professionally in accordance with my Complaints Policy.
- can view your treatment record at any time.
- can refuse further treatment.
- The Horse Physio would like to be able to contact you with information on future The Horse Physio events that you may find of interest. Your details will not be used for any other purpose or passed on to any third parties. Please tick this box if you would prefer not to receive further information from The Horse Physio

- I confirm that I have contacted my vet and have received consent for physiotherapy treatment for my horse.

SIGNED:.....

- I, the owner / agent* of / for* the above animal give my consent for physiotherapy assessment* and appropriate treatment for the above animal. I understand that there are risks involved when handling and working with horses. I do not hold Sue Palmer, Alison O'Dochartaigh or The Horse Physio responsible for any damage which may occur to myself, my horse or my property whilst she is working with my horse

*delete as necessary

SIGNED:..... DATE:.....

Therapist:

Signed:

Owner:

Horse:

Date:



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Subjective Assessment

History of present complaint (what would you like to achieve from today's session / long term, what is your horse's previous history?):

Past medical / behavioural history (what do you know of your horse's history):

Diet (what does your horse eat?):

Allergies (does your horse have any allergies that you know of?):

Neutraceuticals (does your horse have any supplements?):

Medication (is your horse on any medication?):

Does your horse suffer from: headshaking / runny eyes / runny nose / `mare-ish behaviour / ear shy / head shy

Does your horse have any concerns with catching / clipping / loading / saddling / rugging / girthing / mounting

Environment (does your horse live in stable or paddock, alone or in company, does he lie down and / or roll right over, describe schooling / hacking areas):

Exercise routine (how often and how long, what discipline, what level are horse and rider, do you have a regular instructor, what arena surface, hilly or flat hacking):

Behaviour (describe your horse's normal behaviour, any recent changes, any problems, any previous help with these issues):

Farrier (name of farrier, type of shoes, frequency shoeing/trimming, when due, any behavioural problems or resistance to being shod / trimmed):

Saddler (name of saddler, type of saddle, when last checked, any problems or changes, type of bit, type of noseband, additional tack such as martingales):

Teeth (name of dentist, last checked, any problems):

Previous physio / chiro / osteo / massage (last visit, name and qualifications of practitioner, any findings and subsequent changes):

Therapist:
Owner:

Signed:
Horse:

Date:

