**VERWIJSBRIEF FYSIOTHERAPIE**

**Gegevens eigenaar :**

Naam :……………………………………………………………………………………………………

Adres :……………………………………………………………………………………………………

Tel.nr. / GSM:…..……………………………………………………………………………………….

E-mail :………..…………………………………………………………………………………………

**Gegevens dier :**

Naam :……………………………………………………………………………………………………

Ras :……………………………………………………………………………………………………...

Geboortedatum :………………………………………………………………………………………..

Geslacht :………………………………………………………………………………………………..

Gewicht :…………………………………………………………………………………………………

**Gegevens dierenarts :**

Naam :……………………………………………………………………………………………………

Praktijkadres :…………………………………………………………………………………………...

Tel.nr. / GSM :…………..………………………………………………………………………………

E-mail :…...………………………………………………………………………………………………

**Medische informatie :**

Diagnose :……………………………………………………………………………………………….

……………………………………………………………………………………………………………

Symptomen :……………………………………………………………………………………………

……………………………………………………………………………………………………………

Opmerkingen ivm de revalidatie :………………………………………………………………….....

……………………………………………………………………………………………………………

Hartafwijkingen :………………………………………………………………………………………..

Huidaandoeningen :……………………………………………………………………………………

Luchtwegaandoeningen :………………………………………………………………………………

Allergieën:……………………………………………………………………………………………….

Medicatie :……………………………………………………………………………………………….

Medische voorgeschiedenis :………………………………………………………………………….

……………………………………………………………………………………………………………

Handtekening / Stempel Datum :……………………………..