

House of Hound Hydrotherapy

Unit 11D Nortonthorpe Mills

Scissett, HD8 9LA

01484 972082/07377335475

[www.houseofhoundhydrotherapy.co.uk](http://www.houseofhoundhydrotherapy.co.uk)

This Client has been referred for hydrotherapy/physiotherapy ***OR*** has requested a session

Client Details

|  |  |
| --- | --- |
| Name: |  |
| Address: | Contact details:  Email:  Telephone: |

Patient Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Age: | Breed: | Gender: |
| Insured: Y/N | | Insurance Details: | |
| Presenting Problem: | | | |

Vet Details

|  |  |
| --- | --- |
| Practice Name: | |
| Practice Address: | Telephone:  Email: |

Please could you return this form via email to [info@houseofhoundhydrotherapy.co.uk](mailto:info@houseofhoundhydrotherapy.co.uk) or Fax **01484 900437**

To the best of my knowledge there is no reason why this patient cannot partake in hydrotherapy delivered by a qualified NARCH Hydrotherapist and/or Physiotherapy facilitated by an ACPAT Chartered Physiotherapist.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any relevant medical History as an attachment or a summary in the box

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Many Thanks

Victoria Bowen, BA (Hons) Dip PS, RCH , Lead Hydrotherapist Lisa Emerson, MCSP, HCPC, PG. Dip, ACPAT CAT A