**Equine Acupuncture Veterinary Referral Form**

Acupuncture is not a replacement for conventional medicine, but it can be a useful adjunct to assist in improving quality of life, optimising recovery from illness and injury and, as part of a multimodal treatment plan, can increase effectiveness or reduce reliance on other therapies. It is particularly useful in cases of chronic pain management.

Continued case oversight and coordination by the primary veterinary surgeon is essential to establish correct diagnoses and provide any other treatment and diagnostics that might be required.

Please note that, as the client’s primary veterinary surgeon, you will continue to be responsible for provision of all veterinary care and treatment. If, at any point, I have any concerns about the physical health of the patient I will contact yourself and request that the patient be returned to yourselves for further investigation/treatment as necessary. With the consent of the client I will share all clinical records relating to the patient.

To indicate your approval for referral for acupuncture treatment, including initial course and any ongoing treatment for the same condition, please complete the following form.

# **Veterinary Surgeon Details:**

Referring veterinary surgeon:

Practice name & address:

Contact telephone number:

Email address:

# **Client/Patient Details:**

Client name, address & phone number:

Patient name:

Patient age, gender, breed:

Microchip/passport number:

Vaccination status:

Date of last veterinary check:

Relevant clinical history:

Diagnostic tests performed to date (inc significant findings):

Diagnoses:

Details of any ongoing/current treatment (inc medication, dose and frequency):

Any concerns or known contraindications to this patient receiving acupuncture treatment:

Would you like to discuss this case prior to an acupuncture appointment being scheduled? Y/N

I hereby certify my approval for the client described overleaf to be referred for acupuncture treatment for the diagnosed condition detailed above. Y/N

I have permission to share the information in this form. Y/N

Signature: F/MRCVS

Date:

Thank you for completing this form, please return a signed copy to **info@equinebehaviourvet.com** along with a full copy of the horse’s medical history, including any relevant diagnostic results. Please feel free to get in touch if you would like to discuss the case or have any questions.