

Canine referral paperwork - getting the right patient information.

As therapists we understand that all patients must be referred to us by a registered Veterinary Surgeon. The RCVS Code of Professional Conduct for Veterinary Surgeons states:

Physiotherapy, Osteopathic Therapy and Chiropractic Therapy

19.19 The Veterinary Surgeons (Exemptions) Order 2015 (which revokes the Veterinary Surgery (Exemptions) Order 1962) allows the treatment of an animal by physiotherapy if the following conditions are satisfied: (1) the first condition is that the person providing the treatment is aged 18 or over (2) the second condition is that the person is acting under the direction of a qualified person who— (a) has examined the animal, and (b) has prescribed the treatment of the animal by physiotherapy.

19.20 The Order specifies that a qualified person “means a person who is registered in the Register of Veterinary Surgeons or the Supplementary Veterinary Register”.

19.21 'Physiotherapy' is interpreted as including all kinds of manipulative therapy. It therefore includes osteopathy and chiropractic but would not, for example, include acupuncture or aromatherapy.

Other complementary therapy

19.22 It is illegal, in terms of the Veterinary Surgeons Act 1966, for non-veterinary surgeons, however qualified in the human field, to treat animals. All forms of complementary therapy that involve acts or the practise of veterinary surgery must be undertaken by a veterinary surgeon, subject to any exemption in the Act. At the same time, it is incumbent on veterinary surgeons offering any complementary therapy to ensure that they are adequately trained in its application.

The *referral information* required will include;

The client's name, address, and contact details. The patient's name, species, breed, sex, neutering status, age, weight, and vaccination status. The condition or reason the patient is being referred, relevant history, timescale, surgeries, treatment plan, medication (drug history: **DH**) and any other issues / conditions. This must be *signed and dated* by the referring Veterinary Surgeon.

The details supplied to us by the Veterinary Surgeon certainly varies and there is tremendous value in taking the time to build relationships with veterinary practices to

ensure that they get to know you, trust you and feel comfortable and confident in referring patients to you.

Building professional relationships gives you the opportunity to explain your services and their benefits. Good communications are important and you can discuss the reasons why you require a full clinical history and detailed information regarding other medical conditions and procedures.

PMC – present medical history (duration, acute/chronic, potted history)

PMH – past medical history/conditions (allergies, epilepsy, bloat, skin conditions, etc.), drug history, and details of treatment by other therapists are extremely important when developing a treatment plan and considering any precautions and contraindications.

Further details and relevant information can be gained from the client and this will include normal routines and behaviours, what they are experiencing and expecting, and environmental factors that the patient lives in.

You may also require certain details and information from other members of the *multi-disciplinary team* (MDT) to ensure you have a full range of relevant information to perform an assessment on the individual patient.

When collecting information from the owner you will also be considering the signalment of the patient. i.e. their sex and if they are neutered, which will be important in relation to behaviour, other patients, and factors such as water management in the hydrotherapy setting, and also the patients coat colour, i.e. white dogs and possible sensitivities.

Information on the patient's **social history (SH)** is extremely important. Consider activity levels before onset of the condition, current activity, eating and drinking habits, toileting habits, any other medication/supplements, the role of the patient, their behaviour and temperament, and normal routine, as well as any changes.

With all this information *gathered and reviewed* we can now work on our own *assessment and treatment plans* of clinical examinations and observations, additional tests and measurements, a treatment plan and its implementation, reviews and evaluations, clinical reasoning, outcome measures, and *SMART goal setting* (specific, measurable, achievable, relevant, timely).



We use the SMART goals to establish the treatment plan for each dog, to meet their specific needs and build their individual treatment plan. We use re-assessment techniques each session to optimise the patient's progression.

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