CURELL'S ANIMAL CHIROPRACTIC CONNECTION
Dr. Sara J. Curell-Graber, Chiropractic Physician, Certified in Animal Chiropractic by
the Options For Animals, Wellsville KS

P.O Box 505, Nisswa, Minnesota 56468
(320) 290-6768

REQUEST FOR LEVEL OF CONSULTATION and
PARTICIPATION FROM PRIMARY VETERINARIAN

TO: _____

_____

THE PATIENT LISTED BELOW IS BEING SEEN AND TREATED WITH, AND ONLY WITH, CHIROPRACTIC CARE, BY DR. CURELL-GRABER, D.C., OF CURELL'S ANIMAL CHIROPRACTIC CONNECTION, FOR SYMPTOMS RELATING TO THE FOLLOWING CONDITIONS:

_____
_____
_____

(ENCLOSED ARE COPIES OF THE INITIAL EXAMINATION AND FINDINGS.)

PLEASE BE AWARE THAT YOUR NAME AND/OR CLINIC NAME WAS GIVEN AS THE PRIMARY HEALTH CARE PROVIDER FOR THIS PATIENT.

PLEASE REVIEW THE FOLLOWING, CHECK THE APPROPRIATE BOXES, COMPLETE ALL REQUESTS, AND RETURN THE FORM TO ME. THANK YOU.

The patient listed below is being seen in our clinic.
The patient listed below has been examined at this clinic for the conditions listed above.
Please call me as soon as possible to discuss this case. I would like to be involved in all decisions concerning your chiropractic care.
Please send me a copy of your **chiropractic treatment plan** for review.
Do not send any additional information to me, only consult me if a traditional veterinary condition or emergency arises, if you need to alter your **chiropractic treatment plan**, or at the termination of treatment.
Please send copies of all of your chiropractic care for my files.
DO NOT TREAT THIS PATIENT WITH CHIROPRACTIC CARE, AS HIS/HER CONDITION, IN MY OPINION, CAN ONLY WORSEN WITH THAT TYPE OF CARE.

ALL INFORMATION PERTAINING TO THIS PATIENT'S CONDITION(S) AND HEALTH HISTORY, INCLUDING, BUT NOT LIMITED TO, PREVIOUS DIAGNOSTIC TESTS, DIAGNOSES, TREATMENT, AND PROGNOSES ARE BEING FORWARDED TO DR. CURELL-GRABER BY:
- o   Telephone, cell phone, at 320-290-6768;
- o   Fax, at 218-961-0125; or
- o   Mail, to Dr. Curell-Graber, P.O. Box 505, Nisswa, Minnesota, 56468.

Signed by
Veterinarian:_____Date:_____

Client Name:_____Patient Name:_____

Species:_____Breed:_____Age:_____

Signed by client_____Date:_____