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Chiropractic Referral Form

Please note that chiropractic appointments with Dr. Kevin Keller are available by appointment only on a limited basis - currently appointment times are available on Monday afternoons, with alternate availability potentially available case-by-case. We will work with your client to set up an appointment schedule.

Referral Type:

- Next Available
 - Urgent (rDVM to call ELVH to discuss case after submission)
-

Client Name (First and Last):

Patient Name:

Client Phone Number:

Species:

Client Email:

Breed:

Client Street Address:

Date of Birth:

Client City:

Sex:

- Male Intact
- Male Neutered
- Female Intact
- Female Neutered

Client's Preferred Communication

Method:

- Email
- Phone

Current Weight (kg):

Temperament:

Referring Clinic:

Referring Veterinarian:

Veterinarian/Clinic Email:

Veterinarian/Clinic Phone Number:

Veterinarian/Clinic's Preferred Communication Method:

Email

Phone

Provide a brief synopsis of the case:

Current medical diagnosis:

Current medications and supplements:

Does the patient have any food allergies or sensitivities (treats are often used as positive reinforcement during chiropractic treatment)? Please describe:

What is the client's ultimate goal with this referral, or what are their expectations for chiropractic treatment?

- Improve companion's mobility and/or quality of life
- Decrease use of particular medications
- Eliminate (if possible) use of particular medications
- Holistic approach to treatment

If the client has a different expectation or goal, please explain:

Any other pertinent case information:

At the discretion of Dr. Kevin Keller, additional diagnostics (such as radiographs) may be warranted. In the case of additional diagnostics:

- Proceed with warranted diagnostics at Dr. Keller's discretion
- Contact the referring DVM before proceeding with diagnostics
- Refer back to DVM/clinic for any additional diagnostics

In addition to chiropractic treatment, Dr. Keller may recommend additional treatment modalities to support a patient's case. These recommendations often include Home Exercises or therapeutic massage, can include supplements or additional medication, and could potentially include modalities such as Assisi Loops or Laser therapy.

- Please go ahead with any recommendations appropriate to the patient's case
- Please make any additional modality or treatment recommendations by first contacting the referring DVM.
- This case is for chiropractic treatment only; any other recommendations will be made by the referring DVM.

Please include relevant medical records, radiographs, diagnostic reports, and any other pertinent documents with this referral.