



# REFERRAL FORM

Last Updated: March 2015

**Referring Veterinary Centre**     Full Referral     Partial Referral

Referring Vet: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Note:** Please fax to 6245-2334 and call 6245-5543 to confirm that the fax referral has been received. If the patient's condition requires an emergency appointment within 24 hours, please contact us by phone in addition to fax to make the appointment.

### Owner's Details

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

### Patient's Details

Name: \_\_\_\_\_ Species: \_\_\_\_\_

D.O.B./Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Microchip No.: \_\_\_\_\_ Colour: \_\_\_\_\_

Gender:     Male     Female    Sterilised:     Yes     No

### Clinical History

*(Please include duration, clinical signs, treatments and medications, or attach clinical records)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please attach relevant medical records and case summary.

**Diagnostic data accompanying referral:**     Laboratory (blood/urine test results)     Radiograph  
 Others: \_\_\_\_\_

### REASON FOR REFERRAL:

Ophthalmology    Reason: \_\_\_\_\_

Ultrasound:    What would you specifically like to find out: \_\_\_\_\_  
 Full Abdominal \*     Pregnancy Check \*     Uterine \*  
 Full Urinary Tract \*     Lower Urinary & Genital Tract \* (Bladder + Prostate/Uterus)  
 Urogenital Tract \*     Bladder  
 Eye     Thoracic     Echocardiography  
 Superficial structure - location: \_\_\_\_\_

\*Please advise to fast the patient (8 hours for food, 2 hours for water) prior to the appointment.

Ultrasound-Guided Procedures:     Ultrasound-guided Biopsy: Organ: \_\_\_\_\_  
 Ultrasound-guided FNA: Organ: \_\_\_\_\_  
 Ultrasound-guided cystocentesis: Test to send out \_\_\_\_\_

Radiology:     General:    Region: \_\_\_\_\_  
No. of views (specify R/L lateral, VD/DV etc.): \_\_\_\_\_  
 PennHIP (Admission consultation needed to discuss procedure & assess for sedation)

Endoscopy:    What would you specifically like to find out: \_\_\_\_\_  
 Cystoscopy (Lower urinary tract)     Vaginocopy     Rhinoscopy  
 Laryngoscopy     Bronchoscopy     Upper GI  
 Colonoscopy     Otoscopy     Others: \_\_\_\_\_

Laboratory:     CHEM 10\*     CHEM 15\*     Lyte 4\*  
*(Serum Biochemistry\*)*     Kidney Combo (BUN, CREA, PHOS)\*     CBC (Procyte, include bands & reticulocytes)  
 Total T4     Bile Acids     Cortisol  
 PCV, TP     PT, aPPT     VacciCheck

\* Please refer to the following link for profile analytes: <https://ca.idexx.com/smallanimal/inhouse/vetlab/catalyst-chemistry.htm#Test-Menu>

Others:     Urine Protein:Creatinine Ratio     \_\_\_\_\_