



REFERRAL FORM

Last Updated: July 2021

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:

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) Vaginoscopy 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.html#Test-Menu>

Others: Urine Protein:Creatinine Ratio _____