



REFERRAL FORM

Last Updated: January 2024

Referring Veterinary Centre

Full Referral

Partial Referral

Referring Vet: _____
Clinic: _____
Phone: _____

Date: _____
Email: _____
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: _____
Address: _____

Mobile: _____
Home: _____
Email: _____

Patient's Details

Name: _____
D.O.B./Age: _____
Microchip No.: _____
Gender: Male Female

Species: _____
Breed: _____
Colour: _____
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: _____
 Laparoscopy (e.g. spay/abdominal cryptorchid neuter)

Dentistry: Endodontics (e.g. root canal treatment for fractured teeth) Orthodontics (malocclusions)
 Prosthodontics & crown restorations (e.g. artificial crowns, repair of enamel defects)
 Periodontics (restorative/extraction)

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

Others: Urine Protein:Creatinine Ratio _____