



General Referral Form

DATE OF REFERRAL: _____ (Month/Day/Year)

REQUEST: NEXT AVAILABLE APPOINTMENT URGENT (1-2 DAYS) EMERGENCY (SAME DAY)

REFERRAL TO: (For Cardiology and Dermatology please fill service specific referral forms)

Anesthesia Neurology Surgery

Emergency & Critical Care Radiology Specific clinician desired: _____

Internal Medicine Rehabilitation Therapy _____

REFERRING VETERINARIAN INFORMATION

Referring Hospital: _____

Veterinarian: _____

Phone: Daytime: _____ After hours: _____

Fax: _____ E-mail: _____

CLIENT AND PATIENT INFORMATION

Client Name: (first) _____ (last) _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

E-mail: _____

Patient: _____ Have owner or pet been here before? Yes No Unknown

Species: _____ Breed: _____ Age: _____ Sex: F FS M MN

Estimated time of arrival if sending patient immediately: _____

TENTATIVE DIAGNOSIS/CHIEF COMPLAINT

HISTORY/PHYSICAL EXAM FINDINGS

LABORATORY DATA SUMMARY Coming with owner Sent via email Faxed Not done

TREATMENTS (Include medications and dosages)

RADIOGRAPHS SUMMARY Coming with owner Sent via email Faxed Not done

SPECIAL REQUESTS/COMMENTS

DEPARTMENTS

■ Anesthesia

→ Dr. Craig Mosley

■ Emergency and Critical Care

→ Dr. Laurence Braun

→ Dr. Teresa Cheng

→ Dr. Trevor Enberg

■ Internal Medicine

→ Dr. Katie Baxter

→ Dr. Marilyn Dunn

→ Dr. Johanna Heseltine

→ Dr. Elisabeth Zenger

■ Neurology

→ Dr. Michael A. Higgins

→ Dr. Nick Sharp

■ Oncology

→ Dr. Dianna Saam

■ Radiology

→ Dr. Laurie Head

→ Dr. Augustin Mareschal

■ Rehabilitation Therapy

→ Lisiane Jesson

→ Sara McLean-Piper

■ Surgery

→ Dr. David Francis

→ Dr. Michael King

→ Dr. Alan Kuzma

→ Dr. J. Michael Weh