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Referral Form

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

REQUEST: **NEXT AVAILABLE APPOINTMENT** **URGENT** **EMERGENCY**

REFERRAL TO:

Emergency & Critical Care

Outpatient CT

Specific clinician desired:

Internal Medicine

Outpatient Radiograph Review

Neurology

Surgery

Oncology

Outpatient Abdominal Ultrasound

REFERRING VETERINARIAN INFORMATION

Referring Hospital: _____

Veterinarian: _____

Phone: Daytime: _____ After hours: _____

Fax: _____ E-mail: _____

CLIENT AND PATIENT INFORMATION

Client Name: (first) _____ (last) _____

Address: _____ City: _____

Phone: (primary) _____ (alternate 1) _____ (alternate 2) _____

E-mail: _____

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

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

Estimated time of arrival if sending patient immediately: _____

(Continued overleaf) ►

TENTATIVE DIAGNOSIS/CHIEF COMPLAINT

HISTORY/PHYSICAL EXAM FINDINGS

TREATMENTS (Include medications and dosages)

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

RADIOGRAPHS SUMMARY Coming with owner Sent via Email Sent via PACS Not done

SPECIAL REQUESTS/COMMENTS

PET VACCINATION STATUS

Rabies: Yes No Unknown If yes, year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

DEPARTMENTS

Emergency and Critical Care

- Dr. Teresa Cheng
- Dr. Carsten Bandt
- Dr. Kirsty Royle
- Dr. Chris Drolet
- Dr. Andrea Henriksson
- Dr. Annie Lin
- Dr. Pascale Laroche

Internal Medicine

- Dr. Jefferson Manens
- Dr. Lauren Adelman
- Dr. Iris To
- Dr. Mathieu Paulin

Neurology

- Dr. Nick Sharp
- Dr. Rachel Lampe
- Dr. Francesca Samarani
- Dr. Ruby Ng

Oncology

- Dr. Tien Tien

Radiology

- Dr. Augustin Mareschal
- Dr. Erin Keenihan

Rehabilitation Therapy

- Isobelle Damms

Surgery

- Dr. Michael King
- Dr. Emma Hall