Advanced Veterinary Internal Medicine
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REFERRAL FORM

Date _____ / _____ / _____

REFERRING HOSPITAL INFORMATION

Referring Doctor _____
Hospital Name _____ Phone ( ) _____
Hospital Address _____ Fax ( ) _____

PREFERRED COMMUNICATION

Check all that apply: Fax _____
E-mail _____ Preferred E-mail Address _____
Phone _____ Preferred Phone Number _____

When do you wish to be contacted (check all that apply) Before consult_____ After Consult_____ Both_____
Please specify which days you are available (circle all that apply) M T W Th F Sa Su
Are there any associates that we may speak to about the case? _____

CLIENT INFORMATION

Owner's Name _____ Phone ( ) _____
Pet's Name _____ Breed _____
Age _____ Sex M _____ F _____ MN _____ FS _____ Weight _____
Pet's Disposition (check all that apply) Anxious _____ Caution (go slow) _____ Major Caution (need muzzle) _____
Reason for Referral (check all that apply)
Consultation: Endocrine _____ Hepatic _____ Urinary _____ Hematologic _____ Respiratory _____ Gastrointestinal _____
Ultrasound: Cardiac/Thoracic _____ Abdomen _____ other _____ w/aspirate/biopsy _____
Endoscopy: Upper GI _____ Lower GI _____ Nasal _____ Bronchi _____ Laparoscopy _____ Other _____

PRESENTING PROBLEM

Active Problem	Duration	Severity
1)		
2)		
3)		
4)		
5)		

PAST PERTINENT HISTORY (seizures controlled, etc…)

1)
2)
3)

Advanced Veterinary
INTERNAL MEDICINE

DIAGNOSTIC TESTS PERFORMED: (Please list and provide)

1)
2)
3)

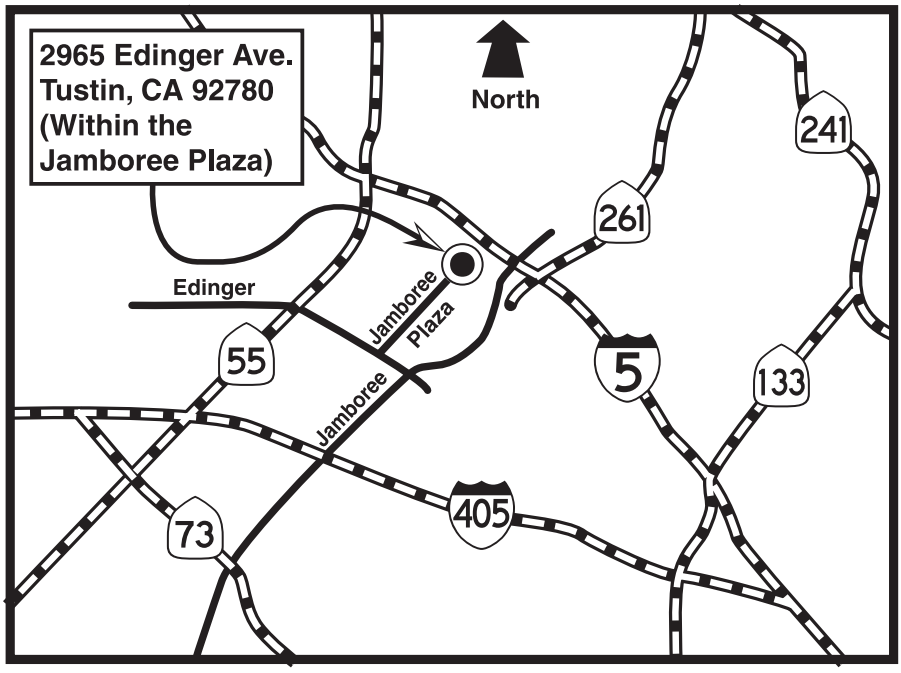
TREATMENTS/MEDICATIONS ADMINISTERED (Please list and specify response to treatments/medications)

Treatments / Medications	Favorable Response	Unfavorable Response	No Response
1)			
2)			
3)			
4)			
5)			

Additional Comments

Please include radiographs and copies of relevant laboratory tests. Radiographs will be promptly returned. You may wish to send this information with the client, or send it via mail, or laboratory courier service. Phone consultations are always welcome and encouraged. Radiographic consultations are at no charge.

To all clients presenting animals: Please bring a leash or pet carrier to your outpatient, drop-off, and pick-up appointments. If your pet is scheduled for surgery, do not feed after midnight the night before the surgery. It is not necessary to withhold water. Bring any medication that your pet is currently receiving.



From South County: Take the 5-N and exit on Jamboree Rd. Turn left onto Jamboree Rd., follow the signs to Edinger Ave. Turn right onto Edinger Ave. Turn right into the Jamboree Plaza.

From the 91-W Freeway: Take 241-S (toll) to 261-S (toll), exit on Walnut Ave toward Edinger Ave and keep right at fork onto Edinger Ave. Turn right on Edinger. Turn right into the Jamboree Plaza.
ALT: Take the 91-W to the 55-S. Merge onto the 5-S, exit onto Jamboree Rd. Turn Right onto Jamboree Rd., keep right at fork onto Edinger Ave. Turn right on Edinger Ave. Turn right into the Jamboree Plaza.

From the 91-E Freeway: Take the 5-S and exit onto Jamboree Rd. Turn right onto Jamboree Rd., follow the signs to Edinger Ave. Turn right onto Edinger Rd. Turn right into the Jamboree Plaza.

From San Bernardino area: Take 241-S (toll) to 261-S (toll), exit on Walnut Ave toward Edinger Ave and keep right at fork onto Edinger Ave. Turn right on Edinger. Turn right into the Jamboree Plaza.
ALT: Take the 91-W to the 55-S. Merge onto the 5-S, exit onto Jamboree Rd. Turn Right onto Jamboree Rd., keep right at fork onto Edinger Ave. Turn right on Edinger Ave. Turn right into the Jamboree Plaza.