

If the patient is typically sedated for visits, please provide the client with sedation (e.g. trazodone/gabapentin - not acepromazine) prior to the appointment.

## REFERRAL FORM | INTERNAL MEDICINE

Date: \_\_\_\_\_

### REFERRING VETERINARY INFORMATION

Practice Name: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: ☐ Phone ☐ Email

### CLIENT INFORMATION

Owner's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_

☐ Canine

☐ Feline

Breed: \_\_\_\_\_

☐ Male ☐ Female

Spayed/Neutered? ☐ Yes ☐ No

Age: \_\_\_\_\_

Colour: \_\_\_\_\_

### PATIENT HISTORY & REASON FOR REFERRAL

### CURRENT MEDICATIONS, INCLUDING DOSE, ROUTE, AND TIME (if applicable)

### DIAGNOSTICS PERFORMED (Attach results or state if pending)

### OTHER COMMENTS