



# Fax Referral Form

Fax completed form to (404) 292-5981

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

Client's Last Name: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client name: \_\_\_\_\_ Is this a previous NVS client?: Yes No

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered? Yes No Current weight: \_\_\_\_\_

Are vaccines current?: Yes No Patient Behavior: Good Caution Will Bite

**\*\*Rabies Vaccine must be current for referral to NVS**

Chief complaint(s): \_\_\_\_\_

Duration: \_\_\_\_\_

History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Is current bloodwork available?** Yes No

\*\*Please note, a CBC and Chemistry profile is required prior to sedation or anesthesia on any patient  $\geq$  5 years old.

\*\*Please Fax pertinent laboratory work with this form

**Have radiographs been taken?** Yes No

\*\*Please send the radiographs or digital images of the radiographs with the client to their appointment.

**Is this a surgical emergency?** Yes No

\*\*For all emergencies, neurology cases, and complicated orthopedic or general surgery cases, we request a phone call from the referring clinician to facilitate appropriate case triage.

### Northlake Veterinary Surgery Office Use Only

Appointment Scheduled for: \_\_\_\_\_ Dr. Greenwood  Dr. Corse

Estimate: \_\_\_\_\_ Client E-mail / Fax Number: \_\_\_\_\_