



# PATIENT REFERRAL FORM

Ph: 613-731-6851 Fax: 613-731-2315

**REFERRING HOSPITAL INFORMATION:**      **DATE:** \_\_\_\_\_

REFERRING HOSPITAL: \_\_\_\_\_

REFERRING DVM: \_\_\_\_\_

HOSPITAL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HOSPITAL EMAIL: \_\_\_\_\_

**PREFERRED METHOD OF COMMUNICATION:**     Phone     Email     Fax

## DEPARTMENT REFERRING TO:

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Dermatology   | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Oncology   | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Rehabilitation    |
| <input type="checkbox"/> Surgery    |  |  |

If the service to which you have referred this case to at Alta Vista feels that your patient could benefit from an internal referral to another Alta Vista service, can this occur without contacting you?     Yes     No

## PATIENT SHOULD BE SEEN:

- next available appointment     urgent     emergency please call     provide estimate only

## DOCUMENTS INCLUDED:

- Medical records  
 Lab results  
 Radiographs

**DOCUMENTS WILL BE SENT VIA:**

Fax     Email     With client  
 PACS     Courier     Other: \_\_\_\_\_

**REASON FOR REFERRAL:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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Ph: 613-731-6851 Fax: 613-731-2315

## CLIENT INFORMATION:

NAME: \_\_\_\_\_

PHONE: (h) \_\_\_\_\_ (c) \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## PATIENT INFORMATION:

PET NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

m/d/year

SPECIES/BREED: \_\_\_\_\_ GENDER:  M  M(n)  F  F(s)

PRESENTING COMPLAINT: \_\_\_\_\_

**CURRENT/RELEVANT HISTORY & MEDICATION:** *Please provide a detailed case summary, including all past medical information that may be relevant to this referral.*

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I consent to the use and storage of my information in accordance with the terms and conditions detailed in the VCA Canada Privacy Statement, a copy of which is available at [vcacanada.ca/about/privacy-statement/](http://vcacanada.ca/about/privacy-statement/)

\_\_\_\_\_  
rDVM SIGNATURE