PATIENT REFERRAL FORM

VCA Canada Guardian Veterinary Centre

Ph: 780.436.5880 **Fax:** 780.436.6222

REFERRING HOSPITAL INFORMATION: **DATE:** ____________________

REFERRING HOSPITAL: ____________________

REFERRING DVM: ____________________

HOSPITAL PHONE: ____________________ FAX: ____________________

HOSPITAL EMAIL: ____________________

PREFERRED METHOD OF COMMUNICATION: ☐ Phone ☐ Email ☐ Fax

DEPARTMENT REFERRING TO:

PREFERRED DR. (if any): ____________________

☐ Cardiology
☐ Internal Medicine
☐ Ophthalmology
☐ Critical Care
☐ Emergency
☐ Surgery

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

PATIENT SHOULD BE SEEN:

☐ Next available appointment ☐ Must be seen within 24 hours ☐ Emergency ***Please Call***

DOCUMENTS INCLUDED:

☐ Medical records
☐ Lab results
☐ Radiographs

DOCUMENTS WILL BE SENT VIA:

☐ Fax ☐ Email ☐ With client
☐ Courier ☐ Other: ____________________

REASON FOR REFERRAL: ____________________

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Please complete both pages of this form and fax to VCA Canada Guardian 780.436.6222

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Ph: 780.436.5880 **Fax:** 780.436.6222

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: ______________________________

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CURRENT/RELEVANT HISTORY: *Include behavioural concerns, medical alerts, history of seizures or drug reactions. Please attach/send all supporting documents.*

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CURRENT TREATMENTS & MEDICATIONS:

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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/

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rDVM SIGNATURE

Please complete both pages of this form and fax to VCA Canada Guardian 780.436.6222