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: _____

_____

_____

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: _____

_____

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

_____

_____

_____

_____

_____

_____

_____

CURRENT TREATMENTS & MEDICATIONS:

_____

_____

_____

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/

_____

rDVM SIGNATURE

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