CARDIO VET CARE

PATIENT REFERRAL

FILLABLE / PRINTABLE

Please complete the available information and attach relevant diagnostic records.

01 REFERRING CLINIC

Practice / hospital

Referring veterinarian

Referral contact email

Clinic phone

Referral date

02 PATIENT AND OWNER

Patient name

Owner / client full name

Species

Breed

Sex / reproductive status

DOB

Age

Weight (kg)

Weight (lb)

03 REASON FOR REFERRAL

- ☐ Heart murmur
- ☐ Arrhythmia
- ☐ Syncope
- ☐ Possible / known CHF
- ☐ Screening
- ☐ Preanesthetic
- ☐ Recheck
- ☐ Other:

04 CLINICAL SUMMARY

PROMPTS - INCLUDE WHEN RELEVANT

RECHECK / FOLLOW-UP

Condition / diagnosis being rechecked?
Changes since the previous visit?
Any new signs, tests, medication changes or response to treatment?

SYNCOPE

When first noted? Frequency, triggers, duration and recovery?

CHF

What signs prompted diagnosis?
Chest X-rays before/after therapy?
Response: resting/sleeping RR, appetite and bloodwork changes?

CLINICAL HISTORY / RECHECK UPDATE

05 MEDICATIONS

Current medications: drug, dose and frequency

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