



www.ColumbiaRiverVet.com

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### Patient Referral Form

\*Please feel free to use this form as the cover sheet when faxing records. Number of pages including cover \_\_\_\_\_

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

Referred for:

- Emergency & Critical Care** - Lisa Thompson, DVM, DACVECC  
Megan Seekins, DVM, DACVECC
- Ophthalmology** - Allyson Darrow, DVM, DACVO  
Gia Klauss, DVM, DACVO
- Internal Medicine** - Kristin Schafgans, DVM, DACVIM (SAIM)
- Neurology** - Daniel Krull, DVM, MS, DACVIM(N)
- Surgery** - Andreas Bachelez, DVM, DACVS, DECVS  
Roberto Novo, DVM, DACVS
- Dermatology**
- Cardiology**

### Client & Patient Information

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Species:  Canine  Feline

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Spayed  Male  Neutered

### Referring Veterinarian & Clinic Information

Referring Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Lab Used: \_\_\_\_\_ Lab Account#: \_\_\_\_\_

Contact After Hours?  yes  no After hours contact number: \_\_\_\_\_

### Brief Case History

Please include all laboratory and other diagnostic reports. Radiographs will be promptly returned.

- All records and a completed electronic referral form will be emailed to CRVS**

### Referral Request

As the referring veterinarian my expectations for this case are as follows (check one)

- 1. Referral for the following procedure(s): \_\_\_\_\_
- 2. Overnight care and return in the morning
- 3. Hospitalization for definitive care

**IMPORTANT NOTE:** In recognition of changes in patient condition, doctor's evaluation and client wishes, CRVS reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.

**Thank you for your referral!**