PREMIER
VETERINARY GROUP

Referral Form

Premier Orland Park | P: 708-388-3771 | 7000 W. 159th St., Orland Park, IL

PLEASE SUBMIT RECORDS AND THIS COMPLETED FORM TO:

Email: premierorlandparkinfo@ethosvet.com | FAX: 708-3883795

CLIENT AND PATIENT INFORMATION: *(please fill out on behalf of the client)*

Client Name: ____________________ **Preferred Phone:** ____________________

◯ Home ◯ Cell ◯ Work

Patient Name: ____________________

Date of Birth: ____________________

Breed: ____________________ **Species :** ◯ Canine ◯ Feline **Sex:** ◯ Neutered Male ◯ Intact Male ◯ Spayed Female ◯ Intact Female

MEDICAL INFORMATION

Note: Please forward all pertinent medical record information including results of laboratory tests by fax or email. This allows our staff to review details of the case prior to the appointment and provide optimal patient care and client service. Radiographs and additional copies of the record may be emailed or sent with the client on the day of the appointment.

Diagnosis *(if applicable)*: ____________________

History: *(signs, onset, progression)* ____________________

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Vaccination History: ____________________

Current Diet: ____________________ **Weight:** __________ **Body Condition:** _____ **/ 9**
(if prescribed)

Diagnostics Performed: *(please attach test results)*

◯ Cytology ◯ Histopathology ◯ Radiographs ◯ CBC ◯ Chemistry

◯ Urinalysis ◯ Surgery ◯ Ultrasound ◯ CT ◯ MRI

Current Medications: *(include dosage, duration, response)* ____________________

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Has the Patient Seen Other Specialists? *(Please list)*: ____________________

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REFERRING VETERINARIAN INFORMATION:

Referring Veterinarian: ____________________

Referring Veterinary Hospital: ____________________

Address: ____________________

Phone: ____________________ **Fax:** ____________________ **Email:** ____________________

Signature: ____________________ **Date:** ____________________