

11814 115<sup>th</sup> Ave NE, Ste 102  
Kirkland, WA 98034  
Tel: 425-823-9111  
Fax: 425-823-4008



## REFERRAL FORM

To facilitate a smooth transfer, contact us at (425) 823-9111 prior to sending client.

Referred by: \_\_\_\_\_

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

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

Case Status: Emergency (within 24hrs) Priority (within 48hrs) Routine (next available)  
If through Emergency department would you like the case transferred back in the morning? \_\_\_\_\_

Name of client: \_\_\_\_\_

Phone: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Species: Canine Feline Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: F FS M CM Unknown Age: \_\_\_\_\_

Tentative Diagnosis/ Chief Complaint:

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History/ Physical Findings:

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Lab Results:

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Current Treatments/ Medications:

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Special Requests/ Comments:

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Send the images with the client and fax all other history, lab work, treatments, etc. THANK YOU!