



VSC at Illinois

## PATIENT REFERRAL INFORMATION

rDVMs: Please complete the pertinent portions of this form and give it to the patient's owner to bring for the initial consultation with VSC at Illinois or fax it back to us at 312.226.2594. Please attach all relevant laboratory results, records and radiographs. When you need more referral forms, please feel free to contact us at 312.226.3641.  
**Thank you for trusting your patient to our care**

### OWNER

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

Home Phone: \_\_\_\_\_

### REFERRING VETERINARIAN

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

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

### PATIENT INFORMATION

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

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

#### Vaccination History

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

Known Allergies or Adverse Reactions \_\_\_\_\_

### RECEIVING SERVICE:

- ☐ Surgical Referral Service ☐ Midwest Veterinary Dermatology Service ☐ Chicagoland Veterinary Behavior Consultants  
☐ Veterinary Medical Referral Service ☐ Imaging Center for Animals  
☐ VSC Emergency and Critical Care ☐ TheraPET Wellness Center

### REFERRAL TYPE:

- ☐ Full Diagnostics & Treatment ☐ Partial Diagnostics & Treatment ☐ Consultation Only  
☐ Interdepartmental referral OK \_\_\_\_\_

PRIMARY REASON FOR REFERRAL \_\_\_\_\_

### HISTORY AND PHYSICAL FINDINGS

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### LABORATORY AND RADIOGRAPHIC DATA

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- ☐ Laboratory reports attached  
☐ Radiographic films attached  
(all radiographs will be returned with owner or by mail)

### TREATMENT AND DIAGNOSIS

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### PREVIOUS THERAPY AND MEDICATIONS

DRUG	DOSE	DATE(S)	DURATION OF TX	RESPONSE

### FOR RADIOLOGY & IMAGING REFERRALS:

- ☐ Radiology ☐ Sonography ☐ CT ☐ Nuclear Medicine \_\_\_\_\_  
☐ MRI ☐ I-131 ☐ FNA ☐ Biopsy \_\_\_\_\_  
Preferred Sedation: \_\_\_\_\_ Contrast: \_\_\_\_\_