

## North West Veterinary Dermatology Services Ltd.

Specializing in itch relief, allergy management and ear diseases

Date:

## PATIENT REFERRAL FORM

CLIENT AND PATIENT INFORMATION			REFERRING VETERINARI	AN INFORMATION	Ī
Client(s) Name(s):			Veterinarian:		1
Phone: (h) (c)		(w)	Practice:		1
E-mail(s):			E-mail:		1
Patient Name:	Age/DOB:		Phone:		1
Species:  ☐ Canine ☐ Feline ☐ Other:	Breed:	Weight (kg):	Sex: ☐ Female ☐ Intact☐ Male ☐ Intact	☐ Spayed ☐ Neutered	h 2024
REASON FOR REFERRAL (chief c ☐ Pruritus/itching/allergies ☐ Other:		☐ Alopecia (Hairl Lo	ss)   Pododermatitis	□ Nail disorder	te: Marc
CLINICAL SIGNS AND HISTORY.					Page 1/2 Last Update: March 2024

Vancouver, BC P: 604-428-0070 F: 844-273-1078 E: office@vetderm.ca

P: 250-380-5432 F: 844-273-1078 E: victoria@vetderm.ca

Victoria, BC

P: 604-428-0070 F: 844-273-1078

Surrey, BC

P: 780-470-5100 F: 844-818-7514

St. Albert, AB



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LABWORK. Please attach results to ensure they are ava	ailable for review at the time of the appointment.				
☐ Skin cytology. Results:	☐ Complete blood count				
, 3,	☐ Biochemistry profile				
☐ Ear cytology. Results:	☐ Thyroid profile				
,	☐ Cushings testing (ACTH stimulation test, LDDST)				
☐ Skin scrapings:	☐ Bacterial cultures and sensitivity panel				
☐ Negative or ☐ Positive for parasites?	☐ Serum allergy testing				
	☐ Intradermal allergy testing				
☐ Fungal cultures:	☐ Skin biopsies				
☐ Negative or ☐ Positive for dermatophytes?	☐ Other:				
MEDICATIONS. Please list current or previously used treat	atments and their efficacy.				
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PREVENTATIVES. Is flea, tick, or heartworm prevention used in this patient? If so, which products?					
		ate			
		pd			
		   Last Update: March 2024			
DIETS. Has a hypoallergenic diet been tried? $\ \square$ YES $\ \square$	NO	asi			
If so, which diets were used?					
Was any improvement seen?		2/2			
ADVERSE REACTIONS. Are you aware of any adverse rea	ctions to drugs or vaccines in this patient?	Page			
NON DEBMATOLOGICAL DISEASES A		_			
NON-DERMATOLOGICAL DISEASES. Are there any other	nealth problems aside from skin or ear disease?				
ADDITIONAL INFORMATION Pat's temperament comm	ants or special requests	$\dashv$			
ADDITIONAL INFORMATION. Pet's temperament, comm	ents of special requests.				

Please fax/email the **Patient Referral Form, a copy of the relevant medical records and labwork.**We will contact the client to schedule an appointment. They will be asked to complete additional forms.
We will email a written report for each visit. **Thank you for your referral.** 

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