North West Veterinary Dermatology Services Ltd.

Specializing in itch relief, allergy management and ear diseases

Patient Referral Form

Date:

Client and Patient Information		Referring Veterinarian Information
Client(s) Name(s):		Veterinarian:
Home Phone:	Work Phone:	Practice:
Cell Phone:	Email:	Phone:
Patient Name:	Age/DOB:	Fax:
Species: ☐ Canine ☐ Feline ☐ Other	Breed:	Email:
Sex: ☐ F ☐ FS ☐ M ☐ MN	Last body weight (kg):	Preferred Method for Receiving Reports: ☐ EMAIL ☐ FAX

Reason for Referral (chief complaint).

☐ Pruritus/itching/allergies ☐ Ear disease ☐ Alopecia (hair loss) ☐ Pododermatitis ☐ Nail disorder

☐ Other:

Clinical Signs and History. Please include duration and seasonality of disease, degree of pruritus.

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

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

Victoria, BC
P: 250-475-2495
F: 250-475-1909
E: centralvictoria@vca.com

St. Albert, AB
P: 780-470-5100
F: 844-818-7514
E: edmonton@vetderm.ca

Labwork. **Please attach results to ensure they are <u>available for review at the time of the appointment</u>.**

☐ Skin cytology. Results: ☐ Ear cytology. Results: ☐ Skin scrapings: ☐ Negative or ☐ Positive for parasites? ☐ Fungal cultures: ☐ Negative or ☐ Positive for dermatophytes?	☐ Complete blood count ☐ Biochemistry profile ☐ Thyroid profile ☐ Cushings testing (ACTH stimulation test, LDDST) ☐ Bacterial cultures and sensitivity panel ☐ Serum allergy testing ☐ Intradermal allergy testing ☐ Skin biopsies ☐ Other:

Medications. Please list current or previously used treatments and their efficacy.

Preventatives. Is flea, tick, or heartworm prevention used in this patient? If so, which products?

Diets. Has a hypoallergenic diet been tried? ☐ YES ☐ NO
If so, which diets were used?
Was any improvement seen?

Adverse Reactions. Are you aware of any adverse reactions to drugs or vaccines in this patient?

Non-dermatological Diseases. Are there any other health problems aside from skin or ear disease?

Additional Information. Pet's temperament, comments or special requests.

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

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