



Patient Referral Form:

Please feel free to use this form as the cover sheet when faxing records. Number of pages including this cover: \_\_\_\_

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

Referred by Clinic Name: \_\_\_\_\_ Veterinarian's name: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Clinic Email address: \_\_\_\_\_ After-hours contact if desired: \_\_\_\_\_

Laboratory Used?: \_\_\_\_\_ Account # if applicable: \_\_\_\_\_

Preferred contact for the discharge summary:  Email  Fax

Owner(s) Information:

Name of owner: \_\_\_\_\_

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

Owner phone number(s): \_\_\_\_\_  Cell  Landline Owner email: \_\_\_\_\_

Patient Information:

Pet Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female  Neutered/Spayed

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

History:

Reason for Referral: \_\_\_\_\_

Preliminary Diagnosis: \_\_\_\_\_

Other Medical conditions pet is currently being treated for: \_\_\_\_\_

Current medications and date of initiation or most recent dosage change: \_\_\_\_\_

Additional Information:

We request the last 6-12 months of relevant medical records, including all laboratory tests, chest radiographs and other diagnostic reports. Please send either directly to the owner, or via email at [info@heartoregon.com](mailto:info@heartoregon.com) or via fax at (503) 433-1932.

Radiographs are:  Emailed to info@heartoregon.com  Given to owner

Radiographs will be promptly returned. Heart of Oregon Veterinary Cardiology will email or fax a copy of the discharge summary to you promptly. Dr. Atkinson is always available to speak with you about the case by calling (971) 727-3059 Monday through Friday.