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.		

Revised July 2019

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

North West Veterinary Dermatology Services Ltd.

Specializing in itch relief, allergy management and ear diseases

LABWORK. **Please attach results to ensure they are available for review at the time of the appointment.**	
☐ 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.	

Revised July 2019

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.
You will receive a written report for each visit. **Thank you for your referral.**

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