



### Internal Medicine Referral Information

Linda E. Luther, DVM  
Diplomate ACVIM (Small Animal Internal Medicine)

Client Name \_\_\_\_\_

Client Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

Pet Name \_\_\_\_\_ Species/Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Rabies vaccination next due \_\_\_\_\_

Up-to-date vaccinations (Y or N) DHPP \_\_\_\_\_ Lepto \_\_\_\_\_ Lyme \_\_\_\_\_ Bordetella \_\_\_\_\_ FVRCP \_\_\_\_\_ FeLV \_\_\_\_\_

Referring veterinarian \_\_\_\_\_ Contact phone \_\_\_\_\_

Hospital name and address \_\_\_\_\_

Hospital fax \_\_\_\_\_ e-mail \_\_\_\_\_

Presenting complaint(s) \_\_\_\_\_

History \_\_\_\_\_

Physical Exam Findings \_\_\_\_\_

Lab Findings \_\_\_\_\_

Radiographic findings \_\_\_\_\_

**Services Requested (check all that apply):**

Internal medicine consultation |  Full case management

Ultrasound:  abdominal |  echocardiography |  thoracic |  neck

Ultrasound-guided FNA/biopsy |  Pericardiocentesis

Endoscopy:  upper GI |  lower GI |  rhinoscopy

ECG |  Blood pressure measurement | Endotracheal lavage

Other \_\_\_\_\_

estimate was provided to the client | amount: \_\_\_\_\_