

# PATIENT I-131 REFERRAL FORM

## REFERRING VETERINARIAN DETAILS

Practice Name: \_\_\_\_\_

Referring Veterinarian : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERRING CLIENT DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## PATIENT DETAILS

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female  Desexed

Colour: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

## CASE SUMMARY & SPECIFIC REQUESTS

Palpable Thyroid Nodule?  Yes  No  Large  Small

Most recent T4 level: \_\_\_\_\_

Presenting Signs:  Mild  Moderate  Severe

Current medications, dose and any dietary therapy (Hills Y/D etc):

Appetite:  Voracious  Moderate  Poor

47 Epsom Avenue Ascot, WA 6104

T 08 9277 2231

E referrals@epsomavevet.com.au



## ANY SIGNIFICANT, CONCURRENT DISEASE?

## ADDITIONAL COMMENTS

The following test results are helpful for our review and may avoid the need for repetitive tests, should they be warranted. Please attach these to this referral.

Laboratory Results

Radiographs

Clinical Data

History

We appreciate your referral and thank you for trusting us with the care of your client's pet. Please send this completed form and test results to [referrals@epsomavevet.com.au](mailto:referrals@epsomavevet.com.au)