



301 E. Haley Street | Santa Barbara, CA 93101

### Patient Referral Form

Referring doctor:
Referring practice:

#### CLIENT INFORMATION

Name (first and last): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street address:	City, State, ZIP:
Primary phone:	Email:
Secondary phone:	Preferred contact method: <input type="checkbox"/> Phone <input type="checkbox"/> Email

#### PATIENT INFORMATION

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

Species:	Breed and color:
Age:	Sex:

#### Service for which the patient is being referred:

- Emergency/critical care // 
  Internal medicine (Tu-F; Dr. Bowman) // 
  Ophthalmology (M-Th; Dr. Lanuza)  
 Outpatient ultrasound (Tu-F; Dr. Bowman) - *available by referring veterinarian request only*

**\*\*\*If you have an urgent or time-sensitive care, please call in addition to submitting the referral form\*\*\***

Chief complaint: \_\_\_\_\_

Brief history/current treatments (*please include known drug allergies and chronic medical conditions*):

Medical records and/or diagnostic results (leave blank if none):

Medical records	<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Sent with client <b>Notes:</b>
Labs	<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Sent with client <b>Notes:</b>
Images	<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Sent with client <b>Notes:</b>
Other	<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Sent with client <b>Notes:</b>