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### Laparoscopy/Endoscopy Referral Form

#### REFERRING VETERINARY INFORMATION

Dr. \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

#### CLIENT INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### PATIENT INFORMATION

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Sex:  M  F Neutered/Spayed:  Yes  No Colour: \_\_\_\_\_ Weight: \_\_\_\_\_

Vaccine Status: \_\_\_\_\_ Underlying Condition: \_\_\_\_\_

#### HISTORY

Service Requested:  Laparoscopy  Endoscopy

Tentative Diagnosis:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Required Documentation:

- Pre-anesthetic bloodwork (Chem 15/CBC/Lytes)
- Most recent SOAP
- Any relevant medical history

**Please note** that we have started performing bloodwork on the morning of surgery for many of our procedures. Bloodwork done ahead of time at the regular clinic will be reviewed by the surgeon and is still recommended to rule out other comorbidities.

Present Complaint: