

Orthopaedic Surgery 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**

Affected Limb:  Left  Right  Bilateral  Front  Hind

Tentative Diagnosis:

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

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

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

Required Documentation:

- 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: