

# Colorado Veterinary Specialists



**303.794.1188**

**Fax:** 303.794.4881

**Animal ER:** 720.283.9348

www.covetspec.com

223 W. County Line Rd. Littleton, CO 80129

## Patient Referral Form

Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

How do you want to be contacted?     Phone     Fax     Email     Mail

### Client Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ F SF M NM Age: \_\_\_\_\_

<b>Tentative Diagnosis</b>
<b>History and Physical Exam</b>
<b>Treatments Requested</b>
<b>Medications (last given)</b>
<b>Items accompanying patient:</b>
Lab Work <input type="checkbox"/> Radiographs <input type="checkbox"/> Fluids <input type="checkbox"/> Medications <input type="checkbox"/> Records <input type="checkbox"/> Other <input type="checkbox"/> _____

### IMPORTANT NOTE:

In recognition of changes in patient condition, client wishes and doctor evaluation, Colorado Veterinary Specialists reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.

