

REFERRAL REQUEST**DATE:** MM / DD / YYYY**REFERRAL TO:**

- ☐ Critical Care * ☐ Surgery ☐ Oncology ☐ Neurology ☐ Internal medicine ** ☐ Cardiology** ☐ Emergency
- ☐ Out-patient ultrasound only

* Critical Care: This is a specific referral to board-certified critical care specialist. If it is after hours, there will be a call-in fee.

** Please note internal medicine and cardiology availability changes from week to week and may not be available every week. Please contact us about availability.

TYPE:

- ☐ Direct Transfer / Immediate *** ☐ Urgent (1-2 days) ☐ Next available appointment

***Please call **604-514-8383** when sending direct transfers

ESTIMATED TIME OF ARRIVAL IF SENDING IMMEDIATELY: _____**REFERRING VETERINARIAN**

REFERRING HOSPITAL _____
VETERINARIAN _____
DAYTIME PHONE _____ **AFTER HOURS PHONE** _____
FAX _____
EMAIL _____

PREFERRED METHOD OF CONTACT ☐ Phone ☐ Fax ☐ Email**CLIENT INFORMATION**

FIRST NAME _____ **EMAIL** _____
LAST NAME _____ **STREET ADDRESS** _____
HOME PHONE _____ **CITY** _____
MOBILE PHONE _____ **POSTAL CODE** _____

PATIENT INFORMATION

NAME _____ **BREED** _____
SPECIES _____ **BIRTHDATE** MM / D / YY
SEX ☐ M ☐ MN ☐ F ☐ FS **WEIGHT** _____ ☐ lbs ☐ kg

PLEASE NOTE:

Please send all relevant records, lab results and diagnostic images. Once you have faxed your referral, please contact our office to confirm receipt.

PHONE: 604-514-8383 **FAX:** 604-427-2494

REASON FOR REFERRAL

e.g. clinical history, PE findings, etc.

DIAGNOSTICS

e.g. lab reports. etc.

TREATMENTS

MEDICATIONS & DOSAGES

RELEVANT RECORDS**RECORDS SENT BY** ☐ Fax ☐ Email ☐ Coming with owner**PLEASE NOTE:**

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THE SECTION BELOW IS FOR OUTPATIENT ULTRASOUND ONLY**Outpatient Ultrasound & Sedation**

- Please note that ultrasounds and procedures may require sedation/anesthesia which may be performed as necessary.

List any contraindications to sedation/anesthesia and/or adverse reactions to particular drugs:

Outpatient Ultrasounds & Bloodwork

- Pre-anesthetic bloodwork may be required by the attending BBVSH clinician. Please include copies of recent bloodwork. If pre-anesthetic blood work has not been performed and/or if a coagulation panel is deemed appropriate for aspirates or biopsies, these may be performed by BBVSH prior to sedation/procedures.

Outpatient Ultrasounds & Admissions to BBVSH

- If an ultrasound patient presents to the hospital in an unstable condition, admission to BBVSH for stabilization will be offered to the owner.
- If the ultrasound findings indicate a condition that could be life threatening (e.g. ventricular tachycardia, hemo-abdomen etc), a BBVSH clinician will attempt to reach you/your clinic to discuss immediate transfer back to your care vs admission to BBVSH. If we are unable to reach you, BBVSH will, with owner consent, take appropriate steps to treat the patient.

Outpatient Ultrasounds & Procedures

- If you choose an ultrasound with no procedures, no procedures will be offered even if there is an indication based on the ultrasound findings. Results of the ultrasound will be forwarded to you so that you can discuss the findings with your client. Please contact your client to discuss the results once you have received them. If, after seeing the ultrasound report, you wish to request that an aspirate, biopsy, or centesis be performed, please contact the Imaging Liaison to arrange. In general, we do not recommend this option as it would necessitate a second appointment for procedures.
- If you choose an ultrasound with procedures, BBVSH staff will explain the possible procedures and get client consent for procedures prior to the ultrasound. If the owner provides consent, appropriate procedures will be performed based on the ultrasound findings. Both the ultrasound report and the results of any additional diagnostics will be forwarded to you. Please contact your client to discuss the results once you have received them.

Please select type of ultrasound:

- ☐ Abdominal Ultrasound only - no procedures
- ☐ Abdominal Ultrasound with procedures as indicated (aspirates, biopsies or centesis)
- ☐ Echocardiogram
- ☐ Echocardiogram with Tele-medicine Interpretation by a Cardiologist
- ☐ Thoracic Cavity and Mediastinum only - no procedures
- ☐ Thoracic Cavity and Mediastinum with procedures as indicated (aspirates, biopsies or centesis)
- ☐ Other area (eyes, shoulder, etc) requested. Please indicate area below: _____

Note: We do not do partial abdominal ultrasounds. If you wish to have an ultrasound performed on any part of the abdomen, please check box for abdominal ultrasound or abdominal ultrasound with procedures.