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## Veterinarian Referral Form - Internal Medicine

Referring Veterinarian: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

Referring Clinic Phone: \_\_\_\_\_

Referring Clinic +/- Veterinarian E-mail: \_\_\_\_\_

### Type of Referral

- rDVM-IM Consultation:** Internist-to-rDVM consultation. Internist partners with rDVM to communicate and work directly on case management. Consultation includes review of medical records, PE, and procedure(s); followed by verbal and written consultation with rDVM to discuss diagnostic findings, assessment, and recommendations. rDVM remains the primary doctor to communicate plan and long-term care with the client. Internist continues to follow-up with rDVM on case management on case-to-case basis as deemed appropriate.

\*\* rDVM's Clinical Days: Appointments for your client and patient are best made on days that rDVM is in the clinic to better facilitate relaying results and case communication: \_\_\_\_\_

- Client-IM Consultation:** Internist-to-client consultation. The more traditional consultation approach of transferring primary care of presenting concern(s) including communications +/- long-term follow-up case management to internist. Internist assumes most of the case management and communication. If rDVM is interested, internist is happy to collaborate with rDVM, so client and patient can continue follow-up care with primary veterinarian and clinic.

### Client Information

Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

**Patient Information**

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

Species:  Dog  Cat

Date of Birth / Age: \_\_\_\_\_

Sex:  M  MN  F  FS

Breed: \_\_\_\_\_

**Medical Information**

Presenting Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preliminary diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Medical History: Please include procedure requested.

Diagnostic Tests:

Treatments: Please include response to therapy if possible.

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Medications and Supplements:

Medication / Suppl.	Concentration	Instructions

Diet:

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Additional Information:

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**\*\* Please attach all pertinent medical notes (include any available records from previous clinics), original diagnostic test results (e.g., copies of bloodwork, imaging report), and images, if possible, to facilitate your client and patient's referral. \*\***