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Internal Medicine Referral Form

Veterinarian Information

Referring Veterinarian: _____

Referring Clinic: _____

Referring Clinic Phone: _____

Referring Clinic E-mail: _____

Date of form submission: _____

Client Information

Name(s): _____

Phone Number(s): _____

E-mail(s): _____

Patient Information

Name: _____

Species: ☐ Dog ☐ Cat

Date of Birth / Age: _____

Sex: ☐ Intact Male ☐ Neutered Male ☐ Intact Female ☐ Spayed Female

Breed: _____

Sedation

We find that most patients benefit from PVPs. Please facilitate a prescription for your patient prior to their appointment, unless medically contraindicated. Thank you!

- Cats: Gabapentin 100mg, night before and morning of appointment
- Dogs: Gabapentin +/- Trazodone, night before and morning of appointment

Referral Information

Presenting Concerns/Reason for Referral: _____

Pertinent Medical History

**Please list or summarize pertinent details; incomplete information may result in service delays for your patient.*

Completed Diagnostic Tests and Pertinent Results

Current Medications and Supplements

Medication / Suppl.	Concentration	Instructions

Current Diet

Medical Records

Please submit all previous medical records, including all chart notes, diagnostic test results (original copies), and images, either by uploading here or emailing to specialty@cascadevrc.com.