### FAX REFERRAL FORM

*In an emergency please call on 01303 840499 for a same day appointment*

|  |  |
| --- | --- |
| REFERRING VETERINARY SURGEON | |
| Name: | MRCVS |
| Practice: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

|  |  |
| --- | --- |
| CLIENT DETAILS | |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PATIENT DETAILS | | | | | | | | |
| Name: |  | | | Age: | |  | | |
| Species: |  | | | Breed: | |  | | |
| Please indicate: |  | Male |  | | Female | |  | Unknown |
|  | Neutered |  | | Entire | |  | Unknown |
| Insurance company: |  | | | | | |  | Not insured |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PRESENTING PROBLEM | | | | | | |
| Clinical  Summary: |  | | | | | |
| Please indicate: |  | Routine |  | Urgent |  | Emergency  (please call first) |

**For EVR use only:**

Appointment made for \_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_ Letter & info sent: By post By email Referring vet informed: By phone By email

Please fax this form to 01303 840773 with a copy of the clinical history

Referrals may also be made online via [www.elhamvalley.com](http://www.elhamvalley.com)