



# NEXUS

VETERINARY SPECIALISTS | VICTORIA

## Referral Form

DATE: \_\_\_\_\_

**Please mark status of appointment:**                      Immediately                      This Week                      Non-Emergency

**Please mark the service needed for the patient below:**

- |   |   |
|---|---|
| <input type="checkbox"/> Surgery & Orthopedics    | <input type="checkbox"/> Diagnostic Imaging |
| <input type="checkbox"/> Neurology & Neurosurgery | <input type="checkbox"/> Other: _____       |

REFERRING DR: \_\_\_\_\_ CLINIC NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

What is your preferred contact method? \_\_\_\_\_

### CLIENT/PATIENT INFORMATION

OWNER NAME: \_\_\_\_\_ CO-OWNER: \_\_\_\_\_

PHONE (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

PET NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

SEX: Male Neutered Female Spayed      Age/DOB: \_\_\_\_\_      Weight: \_\_\_\_\_ lb \_\_\_\_\_ kg

### MEDICAL RECORDS, PERTINENT LABWORK AND RADIOGRAPHS

Have radiographs been taken?    Yes    No                      Date of study: \_\_\_\_\_

Medical records, lab work, and/or radiographs:    Faxed                      Emailed                      Owner Bringing

Primary Complaint: \_\_\_\_\_

Brief History: \_\_\_\_\_

Tentative Diagnosis: \_\_\_\_\_

Please fax to **(361) 894-8899** or submit electronically to [victoria@nexusvet.com](mailto:victoria@nexusvet.com)

Please send current lab work, biopsy reports, and medical records with this form.  
Please email, fax or send copies of radiographs with the owner.