

REFERRAL FORM



Chesapeake Veterinary Dermatology Associates
1209 Cromwell Bridge Road • Towson, Maryland 21286
410.828.0911 • 410.828.1074 fax

Owner:

Name: (Last, First) _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Mobile/Pager: _____

Patient:

Name: _____ Sex: []M []F []MN []FS Age: _____ yrs _____ mos
Species: []K9 []Feline []Other: _____ Breed: _____ Color: _____

Medical History:

What is the reason(s) for the referral? _____

Duration of problem(s)? _____

What is your tentative diagnosis? _____

If the animal is pruritic, is it seasonal or non-seasonal (year-round)? []Seasonal []Non-seasonal

Where on the body? _____

What therapies have been most beneficial? (what was done and the frequency) _____

What medications is the animal currently receiving? _____

What and when were glucocorticoids and/or antihistamines last administered? _____

Has any special food been prescribed for the animal's problem(s)? []Yes []No

If so, describe the diet? _____

Is the animal on flea preventative? []Yes []No

If so, what type and how often? _____

Is the animal on a heartworm preventative? []Yes []No

If so, what type and how often? _____

When was the last heartworm test performed? _____ What was the result? _____

When was the last FeLV/FIV test performed? _____ What was the result? _____

When was the last rabies vaccination given? _____ Expiration of Rabies vaccine _____

Any known adverse drug reactions in this animal? _____

Any other medical conditions CVDA should be aware of in this animal? _____

Other pertinent information: (Please feel free to attach separate paper for more information)

Referring Veterinarian:

Name: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

* Please fax (attention to CVDA) all medical history and lab work. We will fax and mail a summary of the referral consultation visit along with any test results we have conducted. Always feel free to contact us at anytime.