



PHASES

Veterinary Emergency Hospital

Endoscopy Referral Form

This form must be completed by the referring veterinarian, and submitted via email to info@phasesvetemerg.com. Our team will review the referral and contact you to let you know whether it has been accepted. We will then contact your client directly to schedule their scope. Following their scope, the report will be sent back to your clinic for you to share with your clients, unless they have been fully referred into our care through our emergency department.

The form must be filled out IN FULL, to avoid any delays in the referral process. Thank you.

Referral Date: _____

Referring Veterinary Information:

Referring Clinic: _____

Referring Veterinarian: _____

Tel: _____ Email: _____

Client/Patient Information:

Owner Name: _____

Contact Number(s): _____

Email: _____

Patient Name: _____

Species: _____ Breed: _____

Age: _____ Sex (circle one): M MN F FS

Patient Behaviour (Easy to handle?): _____

Tentative Patient Diagnosis:

Reason for Endoscopy:

Is histopathology needed (generally sent to IDEXX)? Yes No
CBC and COAGs must be completed prior to Histopathology. Has this completed by your clinic
within the last 72 hours? Yes No

Timeline for referral (circle one): Emergent Urgent Next Available

*If emergent and/or patient is already on route to the hospital, an emergency referral form needs to be completed and our team must be called.

Current Medications:

(Include dosage, frequency, dates started, include all medication pet is currently taking including supplements, holistic therapy etc.)

List any recent or related Surgeries or other conditions our team should be aware of:

Any history of complications from anesthesia or sedation?

Risks of anesthesia and Endoscopy must be discussed with your client prior to referral. Has this been completed?

Y or N

Costs associated with anesthesia and Endoscopy must be discussed with your client prior to referral. Has this been completed?

Y or N

Is there any other pertinent information you wish to share with our team, or any further requests?

Signature of referring DVM:

Thank you for your referral to Phases Veterinary Emergency Hospital. We value and appreciate your partnership.