



**Referral Request**

**Welcome to the Neurology Service! Please complete the form below and email to [neurology@bverh.com](mailto:neurology@bverh.com).**

Date:	
<b>rDVM Information</b>	
Referring Veterinarian:	Referring Veterinary Hospital:
Referring Veterinarian Email:	Referring Veterinarian Phone:
<b>Client Information</b>	
Client Name (First & Last):	Client Email:
Primary Client Phone:	Secondary Client Phone:
Client Address:	
<b>Patient Information</b>	
Patient Name:	Species:
Sex:	Breed:
Colour:	Date of Birth (dd/mm/yyyy):
Weight (kgs):	FELV/FIV Testing Completed? X YES                      X No                      X Not Applicable
Does this patient require a muzzle or sedation for a full oral exam?                      X YES                      X NO	
Presenting Complaint:	
Reason for Referral:	



Reason for Referral (Continued...)

Current Medications & Treatments:

Diagnostics (Please include if applicable):

X Labwork (blood, cytology, histopathology, etc...)

X Dental Radiographs

X Other Imaging (Rads/US/CT/MRI)

X Imaging Reports

Special Requests/Comments:

**Thank you for your request! We will contact you for more complete records once the client has scheduled a consultation.**