Cardiology Northwest
10629 SW Barbur Boulevard, Portland, OR 97219

Dr. Gary L. Wood, DVM, ACVIM (Cardiology)
Dr. Kathryn J. Atkinson, DVM, MS, ACVIM (Cardiology)
Phone 503-246-9689, Fax 503-246-6407, www.heartvet.com

Patient Referral Form

Referring Veterinarian _____ Date _____

Referring Hospital _____

Phone _____ Fax _____

Patient Name _____ Client Name _____

Species _____ Breed _____ Sex _____ Age _____

I believe this patient is [ ] Stable [ ] an Emergency

The primary reason for the referral is _____

Please provide a **brief** clinical history, including **pertinent** lab work and diagnostic tests, treatment and response.

Physical exam findings: [ ] Dyspnea [ ] Cough [ ] Fluid retention [ ] Syncope/Seizures [ ] Poor appetite [ ] Lethargy

[ ] Murmur, grade _____/6 location _____ [ ] Gallop [ ] Arrhythmia [ ] Abnormal lung sounds

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Copies of **recent and relevant** lab work, reports and records have been [ ] Faxed [ ] Sent with owner [ ] Mailed

Images of radiograph(s), echocardiogram(s), etc. have been [ ] Sent with owner [ ] Mailed [ ] Electronically Transmitted

[ ] Images available online at _____, with code _____

We will fax you a referral letter, but if you would also like a phone consultation, check here [ ]