



Referral Data Form

University of Illinois, Veterinary Teaching Hospital
1008 West Hazelwood Drive, Urbana, IL 61802
Web: www.vetmed.illinois.edu

Client Telephone #
SAC (217) 333-5300
LAC (217) 333-2000

Referring Veterinarian # Only
SAC (217) 333-5311
LAC (217) 333-2000
Medical Records Fax #: (217) 244-9554

Medical Records email:
medrec@vetmed.illinois.edu

PLEASE PRINT/USE BLACK INK

- Please have someone from your clinic or the client call to schedule an appointment.
- If possible, animal should be presented after an 8 to 12 hour fast.
- Please email radiographs or send with client. They will either be mailed back or returned by the client.

Date of Referral: _____

Referring Veterinarian: _____ Clinic: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ E-mail: _____

Alternate Phone: (____) _____ - _____

Preferred Method of Contact: e-mail phone

Owner's name: _____

Spouse or Co-owner(s): _____ Driver's Lic. #: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ - _____ Business phone: (____) _____ - _____

Cell phone: (____) _____ - _____ Email: _____

Animal's name: _____ Species: _____ Sex: M MC

DOB: _____ Color: _____ Breed: _____ F FS

Known Allergies: _____

Temperment: _____

Reason for Visit/Primary Complaint: _____

Referring patient to which specialty service? _____

Pertinent Medical History: _____

_____ (continue on back)

Copy of Medical History: sent with owner faxed to VTH emailed to VTH

Medication History (dates and dosages): _____

Type and Date of Last Vaccinations: _____

Lab History (Please send copies or use flow sheet on reverse side; include lab normals): _____

Other Tests (ECG, X-Ray, etc.): _____

Referral Laboratory Work

Either enclose copies of recent laboratory data or copy the results onto this flow sheet.
 List normals for your lab.

		Normal	Date	Date	Date			Normal	Date	Date	Date
Hematology	RBC x 10 ⁶					Serum Chemistries	Creat.				
	Hgb						BUN				
	Packed Cell Vol.						Phos				
	Reticulocytes						Ca				
	NRBC/100 WBC						Na				
	Platelets						K				
	WBC x 10 ³						Cl				
	Neut. Seg.						SGPT				
	Band						SGOT				
	Juv						Alk Phos				
	Lymphs						Bilirubin				
	Eosino						Glucose				
	Boso						Cholest.				
	Mono						T. Protein				
	Urinalysis	Collect method*						Albumin			
Sp. gravity						Total CO ₂					
Protein						Amylase					
Glucose						Lipase					
Bile											
Ketone											
Blood											
RBC per hpf						Other	FIV				
WBC per hpf							FELV				
Crystals per hpf							FIP				
Bacteria per hpf							Fecal float				
Other					Heartworm						

*Key: 1 = free catch; 2 = catheterized; 3 = cytocentesis.