

**safe haven PATIENT REFERRAL FORM**

13085 Perry Hwy Wexford, PA 15090

PHONE: 724-591-8393 FAX: 724-591-8399

email : internalmed@shvh.vet

 urgentcare@shvh.vet

**Primary or Requesting Provider**

|  |  |  |
| --- | --- | --- |
| **Veterinary Practice:** | Phone:  | Fax:  |
| Referring Veterinarian: | Address:  |

**Client Information**

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| --- |
| Name (Last, First):  |
| Address: |
| Primary Contact Number: Alternate Number(s):  |
| Additional Name on Account (Last, First): | Contact Number: |
| Additional Name on Account (Last, First): | Contact Number: |

**Patient Information**

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| --- | --- | --- |
| Name: | Species: Dog □ Cat □ | Sex: F □ M □ FS □ MN □ |
| Breed: | Color: | Age/Date of Birth:  |

**Referral Information**

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| Reason for Referral: |
| Brief History: |
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| Diagnosis/ Presumptive Diagnosis: |
| Attachments: Please attach any pertinent medical records, test results, etc |
| Services Desired: Urgent Care □  IM Consultation Only □  IM Consultation with diagnostics □  *Please specify specific diagnostics your patient needs:* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Please call with any additional information or expectations**Results and recommendations will be sent to your facility via email unless otherwise instructed.*  |