

Veterinary Dermatology Specialists PTY LTD



VETERINARY
DERMATOLOGY
SPECIALISTS

ALLERGY · SKIN · EARS

Patient Referral form

Date:

REFERRING VET INFORMATION:	CLIENT AND PATIENT INFORMATION	
Veterinarian:	Client(s) Name(s):	
Practice:	Home Phone:	Mobile:
Phone:	Email:	
Email:	Patient Name:	
Fax	Patient Age/ DOB:	
Preferred method for receiving patient reports: <input type="checkbox"/> Email <input type="checkbox"/> Fax	Species:	Breed:
	Sex:	Last body weight (kg):
Main reason(s) for referral: <input type="checkbox"/> Ear disease <input type="checkbox"/> Pruritus/itching/allergies <input type="checkbox"/> Chronic skin infections <input type="checkbox"/> Alopecia (Hair-loss) <input type="checkbox"/> Pododermatitis <input type="checkbox"/> Nail Disorder <input type="checkbox"/> Neoplastic and Non-Neoplastic Tumour(s) <input type="checkbox"/> Pigmentary abnormality <input type="checkbox"/> Auto-immune and Immune-mediated Dermatoses <input type="checkbox"/> Other		
Clinical Signs and History: (an abbreviated version is fine providing the patient record is emailed through)		



Lab work: Please ensure to attach any blood monitoring/biopsy or culture results with medical record.
DIET TRIAL HISTORY:
NON-DERMATOLOGICAL DISEASES: (e.g. osteoarthritis in hips or IMHA)
ADDITIONAL INFORMATION: Pet's temperament, comments or special requests

Please email the **Patient Referral Form, a copy of the medical records and lab-work.**

Email: info@vetdermspecialists.com.au

We will contact the client to schedule an appointment. We will send you a written report after each visit to keep you up-to-date with any changes to the patients dermatology care plan.

Thank you for the referral. If there are any non-dermatological issues identified, we will notify you first as the patient's primary care veterinarian.

Sincerely,

Dr Sharon Bryden, Dr Fiona Scholz and Dr Sam Crothers

Veterinary Dermatology Specialists

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