North Downs
specialist referrals

Referral Form

Referring Veterinary Surgeon's Details (About You)

** Denotes a required field*

Title:	First Name:*	Your Last Name:*
Practice Name:*		
Practice Address Line 1:*		
Practice Address Line 2:		
Practice Address Line 3:		
Town:*	Postcode:*	Country:*
Practice Telephone Number 1:*	Practice Telephone Number 2:	
Other Telephone Number:	Mobile Telephone Number:	
Email Address* (NB: each user from a practice requires a unique email):		

In the event of any queries, or if you have indicated below that you wish to book the appointment on behalf of your client, please specify your preferred contact method for arranging this referral:

☐ Practice Telephone Number 1 ☐ Practice Telephone Number 2 ☐ Other Telephone Number ☐ Mobile

Owner's Details

** Denotes a required field*

Title:	Owner's Name:*
Owner's Address Line 1:*	
Owner's Address Line 2:	
Owner's Address Line 3:	
Town:*	Postcode:*
Owner's Telephone Number 1* (NB: Please ensure that telephone numbers are current and accurate and include an STD code):	
Owner's Telephone Number 2:	Owner's Mobile Number:
Owner's Email Address:	

In the event of any queries, and for clients preferring to book their appointment with us directly, please indicate the owner's preferred contact method:

☐ Telephone Number 1 ☐ Telephone Number 2 ☐ Mobile

Patient's Details

** Denotes a required field*

Patient's Name:*
Species: ☐ Dog ☐ Cat
Breed (if applicable):
Sex: ☐ Male ☐ Male/N ☐ Female ☐ Female/N
Date of Birth (DD/MM/YYYY) / Age:

Has this patient been referred to NDSR previously? ☐ Yes ☐ No

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Details of Referral

* Denotes a required field

Priority: ☐ *Routine* ☐ *Urgent* ☐ *Emergency*

*Please select the discipline to which you are referring:**

☐ *Cardiology* ☐ *Dentistry* ☐ *Dermatology* ☐ *Internal Medicine* ☐ *Neurology/Spinal Surgery (inc. MRI)* ☐ *Oncology*

☐ *Ophthalmology* ☐ *Orthopaedics* ☐ *Outpatient Ultrasound (not cardiac)* ☐ *Soft Tissue Surgery*

Insured for vets fees? ☐ *No* ☐ *Yes* *(If yes, please give the name of insurance company)*

*Please indicate contact preference for North Downs Specialist Referrals making this appointment:**

☐ *Contact you first (referring Veterinary Surgeon)* ☐ *Contact client directly*

*Please describe the condition and the reason for referring:**

Clinical history and previously performed diagnostics (please include normal as well as abnormal results)

Please enclose a copy of the clinical history including blood tests, urinalysis, cytology or histopathology results and radiographs along with this form. A brief referral letter outlining the nature of the referral is much appreciated and can help increase the efficiency of case throughput and follow-up reporting.

Attachment Checklist

☐ *Referral letter* ☐ *Clinical history* ☐ *Blood results* ☐ *Urinalysis* ☐ *Cytology/Histopathology* ☐ *Radiographs*