

Veterinary Emergency Clinic and Referral Centre

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www.vectoronto.com

Dermatology email : derm@vectoronto.com

DERMATOLOGY REFERRAL QUESTIONNAIRE

Dermatologists:

Stephen Waisglass, B.Sc., D.V.M., CertSAD, Diplomate, American College of Veterinary Dermatology
Karri Beck BSc, DVM, Diplomate, American College of Veterinary Dermatology

SECTION B: TO BE COMPLETED BY THE REFERRING VETERINARIAN:

Both sections A and B must be returned to our hospital at least 1 WEEK prior to the appointment.
Completed forms can be sent by E-mail: derm@vectoronto.com or faxed to 416- 920-6185

Dear Doctor,

Thanks so much for taking the time to fill out the questionnaire. We appreciate that your time is valuable but **please DO NOT SENT ENTIRE ELECTRONIC OR SCANNED RECORDS as a substitute for the forms**; electronic records often contain personal communications that are not relevant to the dermatology visit, as well as unrelated procedures in such volume that they can obscure relevant data. A very brief summary is all that is needed so that we can avoid duplication of treatment or procedures whenever possible. We will be sure to contact you if we need clarification. A written report will be emailed following the visit. Please do not hesitate to call should you have any questions or concerns

Referring Veterinarian: _____

Clinic: _____

Phone number: _____

Email (for visit summary): _____

Owner's Name (as per clinic records): _____

Pet's Name: _____

Pet's weight: _____ **KILOGRAMS**

Sex _____ Neutered? Intact?

Birthdate as per vet records): _____ **MM/DD/YYYY**

Breed: _____

If we feel that the patient may benefit from an internal consult, may we do so without contacting you?

NO YES

SUMMARIZED VETERINARY HISTORY:

PLEASE DO NOT SEND FULL COMPUTER HISTORY AND RECORDS AS A SUBSTITUTE FOR FILLING OUT FORMS IN ORDER TO MAINTAIN CLIENT CONFIDENTIALITY; ELECTRONIC RECORDS OFTEN CONTAIN PERSONAL COMMUNICATIONS NOT RELEVANT TO THE DERMATOLOGY VISIT, AS WELL AS UNRELATED PROCEDURES AND DISCUSSIONS THAT COULD OBSCURE RELEVANT DATA

RELEVANT MEDICAL HISTORY

DOES THE PET HAVE ANY RELEVANT NON- DERMATOLOGICAL DISEASE? ARE THERE ANY ANTIBIOTIC OR ANESTHETIC SENSITIVITIES? IF SO, PLEASE DESCRIBE:

SUMMARIZED DERMATOLOGICAL HISTORY

IS THE PET ON HEARTWORM OR FLEA PREVENTION?

NO YES

IF YES, WHICH? _____

SUMMARIZED THERAPEUTIC HISTORY

(I.E. PREVIOUS TREATMENTS AND DIETS FOR THIS CONDITION HAVE INCLUDED THE FOLOWING):

DIAGNOSTIC TESTS:

PLEASE SEND ALONG COPIES OF ANY PERTINENT DIAGNOSTIC TESTS (INCLUDING BLOOD TESTS AND FULL PATHOLOGY RESULTS). OTHERWISE, PLEASE LIST ANY DIAGNOSTIC TESTS PERFORMED, WITH DATE RUN AND FULL RESULTS. THANK YOU!

NO TESTS PERFORMED

**WILL SEND TEST RESULTS BY EMAIL TO DERM@VECTORONTO.COM OR FAX TO:
(416) 920-6185**

SEE TESTS AS LISTED BELOW:

ANY SUGGESTIONS, CONCERNS OR COMMENTS?