

Patient Referral Form

Referring veterinarian information:

Veterinary hospital:

Doctor's name:

Address: City: Zip:

How would you prefer to be contacted?

Phone: Fax: E-mail:

Client information:

Client name:

Phone: Email:

Patient information:

Name of the animal: Feline Canine Other:

Breed: Sex: Age:

Requested service:

* Hypurrcat (I – 131 Treatment) Endocrine Clinic Nuclear Imaging

**See page 2 for specific Hypurrcat instructions.*

Hyperthyroid data:

Date hyperthyroidism diagnosed: Thyroid nodule? (y/n): Pretreatment T4/FT4 level:

Currently on methimazole (yes or no): Last T4 level not on methimazole:

Past relevant history— List any known concurrent diseases:

.....
.....

Current treatment(s) or medication(s) other than methimazole:

.....

Please fax or email this form (and pertinent lab tests and medical record)

Referring a cat for Radioiodine Treatment to Hypurrcat at the Animal Endocrine Clinic

Required information for all referrals

- Completed Referral Form (first page of this form). Please include
 - Pretreatment serum T4 value (T3, free T4, and TSH concentrations)
 - Date of initial diagnosis
 - If on treatment with methimazole
- Cat's complete medical records since date of diagnosis of hyperthyroidism.
- Records must include the following:
 - History (including treatment with methimazole)
 - Physical examination findings
 - Results of routine blood work (e.g., complete blood count, serum biochemical profile, and urinalysis)
 - Results of any radiographs or ultrasound exams
 - Results of all serum thyroid hormone testing, before and after any methimazole
 - Ideally, results of a complete thyroid panel (T4, T3, free T4, and TSH concentrations) prior to ANY treatment
- The referral form and medical record information can either be emailed or faxed to us.
- Once we receive this additional information from you (as the primary veterinarian), Dr. Peterson will review the cat's medical information and records and will advise you, as primary veterinarian, about any additional testing needed (e.g., repeat blood work, chest x-rays, ultrasound).

Where do I fax or email the medical record and Patient Referral Form?

- Fax: (212) 537-6340
- E-mail: info@animalendocrine.com