



## PSM Emergency/Hospitalization Referral Form

Please include: (1) original radiograph, (2) copies of all pertinent laboratory results, (3) and copies of pertinent medical records. Thank you for your referral.

<b>rDVM Information</b>				Date:
Referring Doctor:				Phone:
Hospital Name:				Fax:
Hospital Address:				Best Time To Call:
Best Method of Contact:	Phone	Fax	Email	Email Address:

<b>Client Information</b>				
Owner Name:				
Owner Address:				
Pet's Name:		Species: Canine Feline		
Breed:		Birthdate:		Weight:
Current on vaccinations?:	Yes	No	Spayed/Neutered?	Yes No Sex: Male Female

<b>Clinical Concerns &amp; Actions</b>	
Presenting problem:	Planned Duration of Hospitalization:
Additional problems:	Key findings (PE, Lab, Imaging):
Brief history overview:	
Treatments initiated by you:	Treatments to be completed by PSM:
Diagnostics and monitoring to be completed by PSM:	

<b>Hospitalization &amp; Discharge Instructions (choose one)</b>		
<input type="radio"/> After care and hospitalization described above, please discharge patient for home care under my supervision	<input type="radio"/> After care and hospitalization described above, please transfer patient back to my hospital for continued care	<input type="radio"/> After care and hospitalization described above, please continue hospitalized care at PSM

I have reviewed and completed this form for submission to Pet Specialists of Monterey for the care of my patient. I understand that PSM doctors and staff will follow my specific treatment and evaluation directives unless patient condition changes. Once patient is transferred to PSM, PSM has authority to use its best judgment in determining appropriate course of treatment for my patient.

Signature	Date:
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451 Canyon Del Rey Boulevard  
Del Rey Oaks, CA 93940

Emergency Clinic: (831) 899-7387 (PETS)  
Referral Clinic: (831) 899-4838 (4VETS)