HOSPITAL/VETERINARIAN CASE REFERRAL SHEET

VERGI HOUSTON

24 HOUR EMERGENCY & CRITICAL CARE HOSPITAL

In An Emergency *You Can Count On Us!*

Phone: 713/932-9589
Fax: 713/932-0223

PATIENT/DOCTOR INFORMATION:

CLIENT'S NAME: _____ **CLIENT PHONE:** _____

PATIENT: _____ **PATIENT AGE:** _____

REFERRING HOSPITAL/VETERINARIAN: _____

PHONE TO CONTACT DOCTOR: _____ ☐ **HOME** ☐ **CELL**

TENTATIVE DIAGNOSIS: _____

PROGNOSIS: _____

ALLERGIES: _____

MEDICATIONS GIVEN: *(PLEASE LIST MEDICATIONS AND TIME OF LAST DOSE GIVEN)*

1. _____ LAST DOSE GIVEN AT _____ ☐ AM ☐ PM
2. _____ LAST DOSE GIVEN AT _____ ☐ AM ☐ PM
3. _____ LAST DOSE GIVEN AT _____ ☐ AM ☐ PM
4. _____ LAST DOSE GIVEN AT _____ ☐ AM ☐ PM
5. _____ LAST DOSE GIVEN AT _____ ☐ AM ☐ PM

FLUIDS GIVEN:

☐ NORMOSOL R / LRS / 0.9% NaCL / PLASMA-LYTE ..... ML/DAY: _____

☐ 0.45% SALINE + 2.5% DEXTROSE ..... ML/DAY: _____

☐ 5% DEXTROSE ..... ML/DAY: _____

☐ HETASTARCH OR HYPERTONIC SALINE ..... ML/DAY: _____

☐ OXYGLOBIN ..... ML/DAY: _____

☐ FFP / PRBC / FWB ..... ML/DAY: _____

☐ OTHER: *(PLEASE LIST)* _____ ML/DAY: _____

OTHER: *(PLEASE CHECK BOXES THAT APPLY)*

LAB WORK FAXED ☐YES ☐NO

X-RAYS SENT ☐YES ☐NO

CPR CODE: ☐YES ☐NO *It is understood that the CPR code status is the decision of the owner.*