waves
Western Australian Veterinary Emergency & Specialty

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Email: referral@wavets.com.au

General Referral Form

Servicing referring to: (please complete additional sections for services marked with *)

- ☐ Medicine
  - ☐ Outpatient ECG
  - ☐ Oncology
- ☐ Surgery
- ☐ Emergency & Critical Care
  - ☐ Overnight Patient Care*
- ☐ Dermatology
- ☐ Diagnostic Imaging
  - ☐ Outpatient Ultrasound*
  - ☐ Outpatient CT*
  - ☐ Outpatient Fluoroscopy*
  - ☐ Outpatient Radiography*
  - ☐ Outpatient MRI* (Apr 2018)

Referring Vet

Practice

Tel

Email

Client Details

Mr ◯ Mrs ◯ Ms ◯ Dr ◯

First Name

Surname

Address

Suburb Postcode

Phone

Mobile

E-mail

Patient Details:

Canine ☐ Feline ☐ Other:

Patient Name

Breed

Age Sex M ◯ MN ◯ F ◯ FN ◯ U ◯

Weight

Other Particulars

Date of Last Examination:

Presenting Problem

Relevant History / Exam Findings

Current Medications:

Additional History
- ☐ Email/Faxed
- ☐ Attached

Lab Results
- ☐ Email/Faxed
- ☐ Attached

Radiographs
- ☐ Email
- ☐ Dropbox
- ☐ Sent with Client
- ☐ Other
- Number of images

Complete Applicable Sections

Overnight Patient Care Service
If my patient deteriorates overnight
- ☐ Change and manage patient care as required
- ☐ Please contact me on phone:

Diagnostic Imaging Referral
Ultrasound
☐ Abdo ☐ Echo ☐ Other
Radiology
☐ Thorax ☐ Abdo ☐ Interpretation only
☐ Other region
CT (Call to discuss) Region:
Fluoro (Call to discuss) Study:
MRI (Call to discuss) Region:

Press button to save form to computer then press second button to email form to WAVES. If button does not work, manually send form via email

Save Form

Email To WAVES