41-43 Halton Station Road, Sutton Weaver, Cheshire. WA7 3DN
Tel. 01928 714040 Email: admin@eye-vet.co.uk www.eye-vet.co.uk

eye vet

REFERRAL FORM

Please complete all parts fully. Incomplete referral forms or referrals without accompanying history cannot be processed.

Client's Title & Name .....
Address .....
.....
Home Tel ..... Work No. .....
Mobile No. .....
Email.....

Animal Name .....
Species.....
Breed .....
DOB..... Age .....
Sex M / F / MN / FN
Insured Y / N Insurance Co. .....

Referring practice details/Branch .....
.....
.....
.....
.....
Referring Veterinary Surgeon & Qualifications .....
.....
.....
Tel no .....Fax no .....
Email .....

FOR EMERGENCIES PLEASE PHONE THE PRACTICE BEFORE SENDING THIS FORM

Please tick one of the three boxes then circle the conditions ☐ **EMERGENCY (ring practice first)** ☐ **1-3 DAYS** ☐ **4-7 Days** ☐ **LOW PRIORITY (1-2 weeks)**

Cataracts Glaucoma Corneal Ulcer Uveitis Trauma Sudden Blindness

Lens Luxation Entropion / Ectropion KCS (Dry eye) Distichiasis Keratitis Other

Medical Details	
General Health/ Other medications *(include current ocular medications)*	....
Eye History	....
Present Eye Problem *(please include current differential diagnostics)*	....
Eye Treatments/ Other medications	....

ALL ACCOMPANYING HISTORY MUST BE EMAILED TO admin@eye-vet.co.uk OR FAXED to 01928 713704

By submitting this referral request I:
(1) □ confirm that I have the consent of the above named client to pass the above information to you for the purposes of case referral; and
(2) □ agree to be bound by the Eye-Vet/Pets at Home Vet Group Privacy Policy (found at https://www.eye-vet.co.uk/privacy-policy/), which explains how the data I have submitted will be used.