



Scheduled appointment request form

If you would like your client to be seen at the Queen Mother Hospital for Animals for a scheduled appointment, please complete all details below in full and fax this form to 01707 649384.

For **urgent appointments** please telephone **01707 666365** (our vets' line) to speak to an ECC clinician.

Referring vet:		Date:	
Practice name and address (practice stamp)			
Telephone:		Fax:	
Email:			
Client's name:	Age:	Sex:	
Animal's name:	Breed:		
Address:			
		Post code:	
Telephone home:	Mobile:		
Telephone work:	Insurance company:		
Presenting complaint:			

Scheduled referral requested (please tick appropriate service):

- | | | | |
|----------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Nutritional Support | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Soft Tissue Surgery |
| <input type="checkbox"/> Ultrasound Out-patient (<i>not heart scans</i>) | | | |

Please ensure a referral letter and a full case history is faxed or posted ahead of time for the attention of QMHA referral secretary or, if preferred, this can be given to the client to bring to the appointment.

Thank you for your referral.

For QMHA use	Appointment date:	Appointment time:
Appointment made: Yes/No/TBC	Clinician:	Contact V/S:
Case No:	Appt. letter to client:	Initials..... Date sent:

Clinical Services Division