

# Internal Medicine Consult Request

Date:

## Patient Information

Patient ID/Number:  
(if seen at VMTH before)

Name:

Age:  yr  Estimated  
 mo age?

Sex:  FS  MN  
 FI  MI

Breed:

Species  Canine  Feline

*\*\*Consults will be answered within 1 to 2 business days  
If you have not received a phone call after 2 business days  
please call the hospital (573) 882-7821\*\**

## Owner Information

Name:

Last Name:

Phone#:

Alt.Phone#:

## Veterinarian Requesting Consult Information

Name, Last Name:

Hospital:

Preferred Phone#:

Alt.Phone#:

Does this patient already have an appointment with the internal medicine team?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes – when? _____ If no – do they need help making one? Y/N
Do you need information about an estimate for a specific procedure but do not need to consult a DVM?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please describe:
Do you need to discuss medical management or next steps for this patient?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please fill out the rest of this form and send along with pertinent medical notes and test results to <a href="mailto:yhcrefdvm@missouri.edu">yhcrefdvm@missouri.edu</a> *please note we do not have access to results of any tests sent to the VMDL

Case summary (please include relevant history, abnormal PE or diagnostic findings)

Please list any specific question(s) you may have

**\*\*\* If the patient needs an appointment please have the Owner call 573-884-2277 to schedule and confirm the appointment. \*\*\***