UTCVM VETERINARY MEDICAL CENTER

NUTRITION REFERRAL FORM

2407 River Drive, Knoxville, Tennessee, 37996-4546
865-974-8387 | EMAIL **vetclientservices@utk.edu**

Before a consultation with the UTCVM Nutrition Service can be completed, we must receive this **Nutrition Referral Form** (completed by the referring veterinarian), the **Diet, Activity & Household History Form** (completed by the owner), and a **chemistry** and **urinalysis** from the last 6 months *(including all other pertinent medical records).*

Submitting a referral to the UTCVM Nutrition Service signifies the listed referring veterinarian has an established veterinarian-client-patient relationship (VCPR) for this patient and authorizes members of the UTCVM Nutrition Service to perform remote consulting directly with the patient owner.

Patient Name:	Species:	Breed:	Today's Date:
Sex: ❑ F ❑ M ❑ SF ❑ NM	Age: ❑ years ❑ months	Color:	Current Wgt: (in kg)	Date measured:	Ideal Wgt: (in kg)
Owner:	Body Condition Score: *9 pt scale*	Muscle Condition: ❑ Normal ❑ Mild Wasting ❑ Moderate Wasting ❑ Severe Wasting	
Street Address:	Home Phone:	Other Phone:	
City:	State:	Zip Code:	Email Address:

PLEASE SEND COPIES OF PERTINENT MEDICAL RECORDS AND LAB RESULTS

Vaccination Status: ❑ Canine DA2P ❑ Feline FVRCP Rabies ❑ 1 yr ❑ 3 yr _____ ❑ Other_____

Medical reason precluding rabies vaccination (if any): _____

Flea/Tick Preventatives: _____

Reason for Referral:

Referral Type:
- ❑ Critical Care Consult *(including feeding tube and/or parenteral nutrition plans)*
- ❑ Commercial Diet Plan
- ❑ Homemade Diet Plan
- ❑ Weight Loss Plan *(remote)*
- ❑ Veterinary Obesity Center *(in-person)*
- ❑ Unsure/ Other: _____

Animal Temperament:

Pertinent History: (i.e., Diagnostic results, physical exam notes, and summary sheets for at least 6-12 months prior to the consult request)

Pertinent Lab Results: (Please send a complete copy of results and reference intervals from any lab, including UT, to ensure proper patient identification. ALL requests must include chemistry, and urinalysis completed within 6 months prior to the consult request.)

Current Medication/Treatment: (If complex/ongoing condition, please send medical records showing meds/treatment)

Estimate Given: ❑ yes ❑ no $

INCLUDED MANDATORY DIAGNOSTICS:

- ❑ Chemistry (within last 6 months)
- ❑ Urinalysis (within last 6 months)

Referring Veterinarian:

First Last

Veterinary Clinic:

Address

City: **State:** **Zip Code:**

Phone:

E-Mail:

Fax:

Primary Veterinarian: ❑ Same as Referring Veterinarian

Primary Veterinarian Phone:

OTHER INCLUDED DIAGNOSTICS:

- ❑ Urine culture
- ❑ UPC
- ❑ PLI
- ❑ TLI
- ❑ B12
- ❑ Folate
- ❑ Fecal
- ❑ Bile acids
- ❑ Histopathology
- ❑ Imaging reports
- ❑ Other