|  |  |  |
| --- | --- | --- |
| **Philip Leverhulme Equine Hospital, Leahurst****Referral Form** | **Case No:** |  |
| **Clinician:** |  |
| For office use only – please complete sections below | **Resident:** |  |  |
| Previous Case No(s): |  |  |  |  |  |  |
| Client Code: |  | Animal No: |  | Enquiry Date: |  |



 **Referring Practice Details**

|  |  |  |
| --- | --- | --- |
| Referring Vet:  |  | Practice Tel No:  |
| Practice Name & Address:  |  | Practice Fax No :  |
|   |  | Vet Mobile:  |
|  Post Code:  | Email Address:  |  |

**Owner's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title:  | First name: | Surname  | Home Tel No:  |
| Address & Post Code:  |  | Mobile No:  |
| Email Address:  | Work No: |

**Animal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:**  | Age: | Sex: | Breed: |
| Colour: | Height: | Use: |
| Presenting complaint/Relevant History: |
| **Specific Services / Clinicians Required?**  |

**Please remember to include a referral letter and any relevant medical history and images.**

|  |  |  |
| --- | --- | --- |
| **VACCINATIONS**  | **INSURANCE** |  **I INFORMATION**  |
| Flu: Yes  No/Unknown  | Insurance Co\*:  |  | Policy No: |
| Tetanus: Yes  No/Unknown  | Type of insurance: | Claim No: |
| Other: | Amount of cover:Claimed so far: | Excess: |
| Any known drug reactions:  |  |  |

\*If your client is uninsured, please advise that a deposit of £750 will be payable on admission, and the balance must be settled in full on discharge.

|  |  |
| --- | --- |
| Client’s preferred dates/days:  |   |
| Unavailable Dates/days:  |   |
| Any other relevant information:  |   |

For routine elective referrals please email this form to recep@liverpool.ac.uk

**All emergency referrals can be made by telephone: (0151 794 6041)**

**For office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Date: | Time: | Discharge Date: | Time: |
| Passport Seen/Signed/Completed | Yes  No/Unknown  | Appointment Confirmed |  |