

Oncology Referral Form

Date: _____

The goal of an oncology consultation is to discuss treatment options and prognosis for a specific type of cancer. In order to provide the best medical care for our patients and their families, a diagnosis of cancer and completed referral forms are required prior to scheduling.

Patient Information (please assist us by printing):

Patient's Name: _____

Species: _____ Breed: _____ Age: _____

Color: _____ Sex: _____ Weight: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Care Veterinarian: _____

Hospital Name: _____

Phone: _____ Fax: _____

Please select one of the following:

This patient has a confirmed diagnosis of _____ made via official cytology or histopathology. Please attach the pathology report.

This patient has a mass in the urinary tract and has been diagnosed with urothelial carcinoma/transitional cell carcinoma via detection of mutated cells on urine Cadet BRAF analysis. Please attach the BRAF results.

This patient has a lytic/proliferative bone lesion with a history and signalment suggestive of osteosarcoma. Please attach the x-rays and radiology report.

This patient has an anal sac mass with a history and signalment suggestive of anal sac adenocarcinoma. Please note that perianal masses and masses originating from the colorectal mucosa *do not* fit into this category.

This patient has another finding that is highly suggestive of malignant neoplasia. Please provide a brief description and *call to discuss* prior to referral: _____

Please respond to the following statements:

- The *primary* reason for referral is related to a recent diagnosis of cancer. Yes No
This patient is up-to-date on vaccines and monthly preventatives. Yes No
This patient has had a negative heartworm test within the past 12 months. Yes No
This patient is otherwise stable. Yes No

Please *call to discuss* if you answered “no” to any of the above questions.

- This patient is currently under the care of another oncologist or specialist. Yes No
This patient is currently receiving Apoquel. Yes No
This patient is currently eating a raw diet or a grain-free diet. Yes No
This patient has other significant medical problems that are not well-controlled. Examples:
hyperthyroidism, diabetes mellitus, heart failure, etc. Yes No

Please *call to discuss* if you answered “yes” to any of the above questions.

Please select if any of the following additional diagnostics have been done within the last 6 months and forward all results/records:

- CBC/chemistry Urinalysis FeLV/FIV test Chest x-rays Abdominal ultrasound
3D imaging (CT or MRI) PARR or flow cytometry Other _____

Please list all medications this patient is currently receiving (drug name, dose, frequency):

_____	_____
_____	_____
_____	_____
_____	_____

Please provide any additional information that may be helpful in facilitating the referral of this patient: _____

Thank you for your referral to Virginia Veterinary Specialists
www.vavetspecialists.com