

Referral Progression Chart	
Patient Name:	Date:
Referring veterinarian:	
Specialty practice/veterinarian:	
Reason for referral:	

BEFORE REFERRAL	DURING REFERRAL
<input type="checkbox"/> Discuss referral with client <input type="checkbox"/> Explain goals of referral <input type="checkbox"/> Offer cost estimate <input type="checkbox"/> Answer client's questions <input type="checkbox"/> Give client contact information so that they can make their appointment (if not urgent) <input type="checkbox"/> Discuss referral with specialist (if applicable) <input type="checkbox"/> Give case background <input type="checkbox"/> Describe PE findings and dx results <input type="checkbox"/> Explain reasons for referral <input type="checkbox"/> Ask for cost estimate <input type="checkbox"/> Discuss availability <input type="checkbox"/> Provide client and pet information to specialist <input type="checkbox"/> Provide documentation <input type="checkbox"/> Fill out referral form <input type="checkbox"/> Fax/email/upload medical records <input type="checkbox"/> Print records to send with client <input type="checkbox"/> Provide access to imaging results	<input type="checkbox"/> Answer calls/emails/portal messages from specialty practice if needed <input type="checkbox"/> Answer calls/emails/portal messages from client if needed <input type="checkbox"/> Determine if patient needs to return to the referring veterinarian or be transferred anywhere else for any portion of pet's care
	AFTER REFERRAL
	<input type="checkbox"/> Determine when patient needs to be seen in GP hospital if needed <input type="checkbox"/> Ensure specialty records are uploaded into patient's chart <input type="checkbox"/> Contact client to answer any questions and check on patient <input type="checkbox"/> Schedule follow up appointments for exams, labwork, imaging, bandage changes, etc <input type="checkbox"/> Ensure client understands if/when they need to return to specialty practice/veterinarian for any ongoing care
PREPARE PATIENT	NOTES
<input type="checkbox"/> Disconnect fluids/cap IV cath <input type="checkbox"/> Send all food/medications <input type="checkbox"/> Ensure client has address and phone number <input type="checkbox"/> Note times, doses, and routes of any medications given <input type="checkbox"/> Advise specialty hospital of patient's ETA <input type="checkbox"/> Advise client if pet needs to be kept NPO	