Request for Clinical Nutrition Consultation
For veterinarian to complete

Clinic information:

Referring veterinarian: ____________________________
Practice: ________________________________________
Address: ________________________________________
Phone: __________________________________________
Fax: ____________________________________________
Email: ________________________________

How do you prefer to receive written communication?
□ Fax  □ Email  □ Mail

Client information:

Client name: ____________________________
Phone: __________________________________
Email: ________________________________

Patient information:

Name: ____________________________
Age: _____ □ Years  □ Months  Breed: __________
□ Male  □ Female  Spayed/neutered: □ Yes  □ No
Current weight: ________ □ kg  □ lb

Body condition score: ___/9

Does your patient have evidence of muscle wasting?
□ No  □ Mild  □ Moderate  □ Severe

Has your patient’s weight changed recently? □ Yes  □ No
If yes, please indicate:
□ Lost weight  □ Gained weight
If lost or gained: What amount? _________ □ kg  □ lb
Over what time period? _________

Was this intentional? □ Yes  □ No

Your patient’s current problem list:

_____________________________________________
_____________________________________________
_____________________________________________
_____________________________________________

Please list any historic or relevant resolved problems:

_____________________________________________
_____________________________________________
_____________________________________________
_____________________________________________

Current medications (drug, dose, frequency):

_____________________________________________
_____________________________________________
_____________________________________________
_____________________________________________

Nutritional goals for your patient:

Please indicate all that apply.
□ Answer specific nutrition-related questions
□ Assess pet’s current diet
□ Find a commercial diet appropriate for your patient
□ To obtain a balanced home-prepared diet
If yes, why?
□ No appropriate commercial diet is available
□ Pet will not eat appropriate commercial diets
□ Pet owner prefers to prepare food at home
□ Other: ______________________________________

Please include with this request copies of relevant medical records and a recent complete blood count, serum chemistry, urinalysis, and any other pertinent diagnostics. Please request the pet’s owner to complete the diet history form as accurately as possible. Requests and supplemental information can be submitted using the contact information above.
Please feel free to contact the Clinical Nutrition Service if you have any questions or concerns. Thank you.