

## Referral Form

Date: .....

### Owner information

Owner's name:.....  
Address:.....  
Phone 1:..... Phone 2:..... Phone 3:.....  
Email:.....  
Trainer/Agent name:..... Phone:.....  
Email:.....

### Patient information

Patient's name:.....  
Microchip number:..... Hendra Vacc:  Yes  No  
Species:..... Breed:.....  
Age:..... Sex:.....

### Referring Veterinarian information

Veterinarian's name:.....  
Clinic:.....  
Address:.....  
Phone:..... Fax:..... Email:.....  
Preferred method of communication:  Phone  Fax  Letter  Email

Reason for referral:.....

Please contact the Equine Hospital on 5460 1799 if you have not heard from us within 24 hours of submitting request.

### Clinical history

.....  
.....  
.....

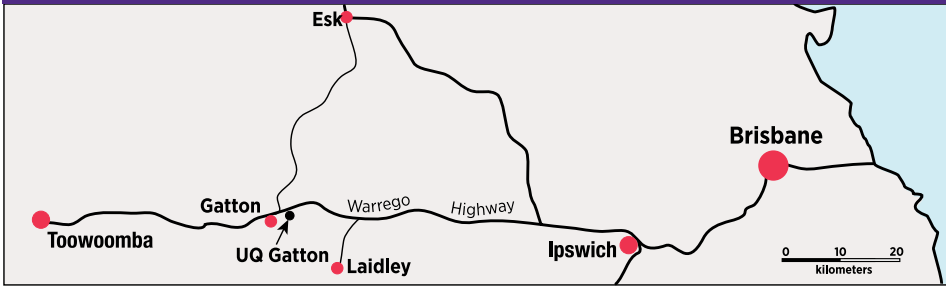
Clinical history attached  Pathology results attached  Radiographs attached

Therapy to-date.....  
.....  
.....

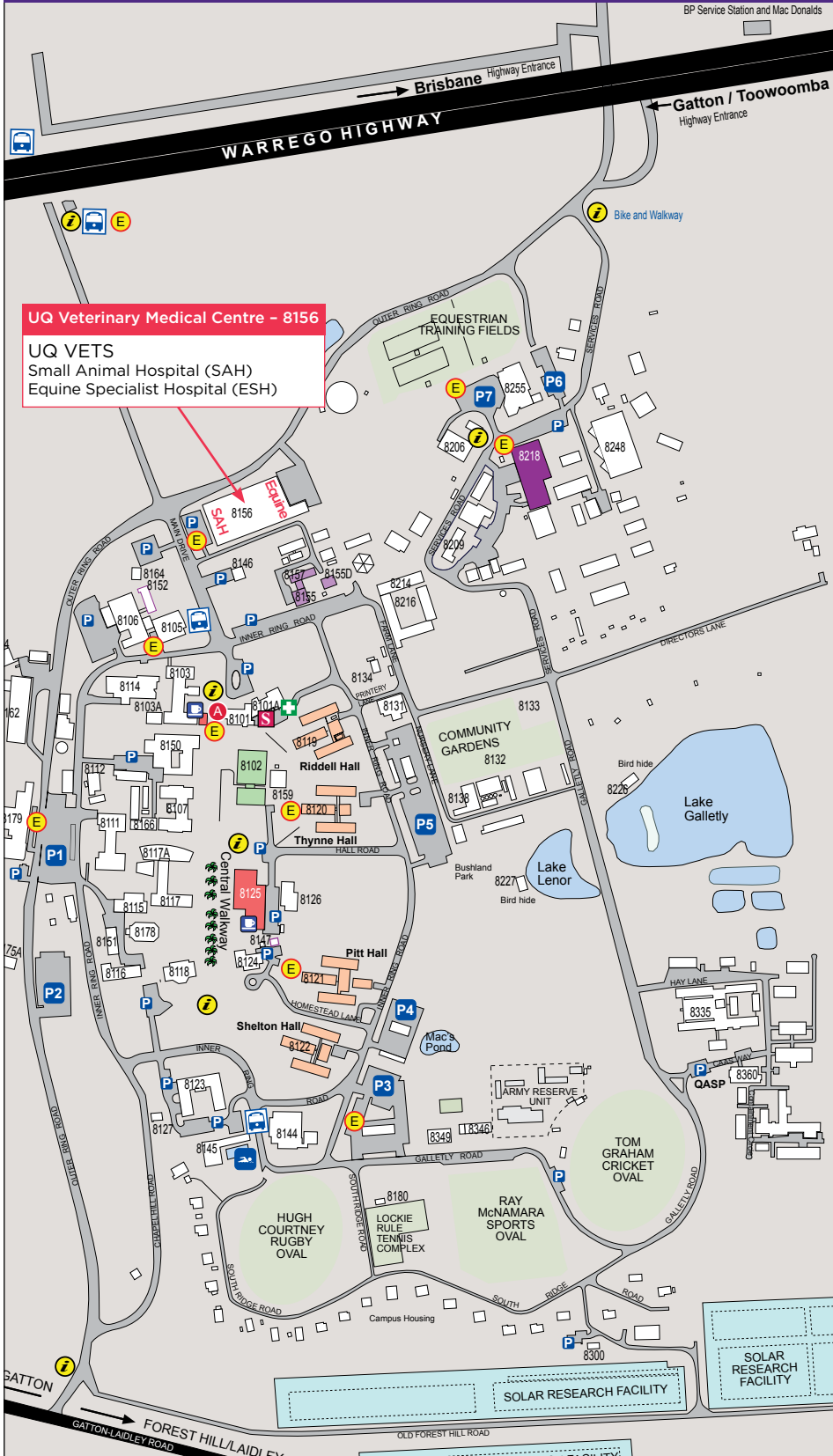
I have already discussed with a UQ Clinician

Yes  Dr Ben Ahern  Dr Francois-Rene Bertin  Dr Natalie Fraser  Dr Carlos Medina  
 No  Dr Albert Sole  Dr Allison Stewart  Dr Alex Young  Dr Steven Zedler

## Directions to UQ Gatton Campus



## UQ Gatton Campus Map



## Visitor Information

- Automatic Teller Machine
- Bus Terminal
- Childcare & Preschool
- Eating Facilities
- Emergency Call Points
- Health Service
- Information Directories
- Library
- Parking (restrictions apply)
- Residential Halls
- Stores (Deliveries)
- Student Info Centre