



Before a consultation with Erik Corona Pet Care Nutritional Services, we must receive this **Nutrition Referral Form** (completed by the Veterinarian), the **Diet History Form** (completed by the owner), the **Telemedicine Consent Form** (completed by the owner).

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Age(yr): \_\_\_\_\_ Weight(kg): \_\_\_\_\_ Body Condition Score: \_\_\_\_/9 Ideal Weight(kg): \_\_\_\_\_

Muscle Conditioning (select one):  normal  mild atrophy  moderate atrophy  severe atrophy

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Referral Type:  Commercial  Homemade  Weight Loss  Herbal Supplements  TCVM

Consultation Request (select one):

Consult with rDVM only (Erik Corona Pet Care Nutrition Services will not communicate with the owner)

Consult with Owner (Erik Corona Pet Care Nutritional Services will update rDVM with final recommendations)

(If consultation with owner select option):  In-person appointment request  Remote appointment request

Reason for Referral:

Patient History (i.e Diagnostic results, physical exam notes, summary sheets up to 12 months prior to consult)

Current Medication/Treatment: (please provide dose, frequency, and route)

By submitting a referral to Erik Corona Pet Care Nutrition Service, the listed referring veterinarian signifies an established veterinary-client-patient relationship (VCPR) for this patient and authorizes member of the Erik Corona Pet Care Nutrition Service to perform a remote consulting directly with the patient owner.

Veterinary Hospital: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ License Number: \_\_\_\_\_

I (the veterinarian) approve being interrupted in an exam room to facilitate a nutrition conversation with the Erik Corona Pet Care nutrition team.  yes  no

Email: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

rDVM preferred communication:  E-Mail  Phone Call (Clinic)  Phone Call (Personal)