

Thank you for trusting B'ahava Veterinary Health & Wellbeing to provide Traditional Chinese Veterinary Medicine (TCVM) services for your patient. Please complete as much of the information below as possible. Our office will reach out to the client within 72 hours.

Please return this form and any medical records using one of the methods below:

Email (preferred)
info@bahavavet.com

Fax
(817) 789-4458

Physical Mail
212 James Street
Roanoke, TX 76262

Referring Veterinarian Information

Referring Doctor: _____

Hospital Name: _____

Hospital Phone: (____) _____ - _____ Hospital Fax: (____) _____ - _____

Hospital Email: _____

How Would You Prefer to Receive Patient Updates?

Hospital Email Hospital Fax Other _____

Owner Information

Owner's Name: _____

Owner's Phone: (____) _____ - _____

Owner's Email Address: _____

Patient Information

Patient's Name: _____

Patient's Species: Canine Feline Equine Other: _____

Breed: _____ Sex: M MN F FS Other: _____

Color: _____ Age or DOB: _____

Weight: _____

Patient's Temperament: _____

Brief History:

Current Medications and/or Supplements:

Diagnostics Completed:

- Lab Work
- Radiographs
- Ultrasound/Echocardiogram
- Advanced Imaging (including CT, MRI, etc.)
- Other: _____
- Pending Tests: _____

Presumptive Conventional/Western Diagnosis:

Goals of Referral:

Please attach all available records (medical notes, lab work, radiographs, notes from prior medical providers, etc.)