

Patient: _____
Date: _____
Patient ID: _____



SEVO – Internal Medicine Questionnaire

1. What is your pet here for today?
2. How has your pet been feeling since your last visit with us?
Vomiting?
Diarrhea?
Appetite?
Activity Level?
3. What medication(s) has your pet received this morning? What time?
4. Did your pet eat this morning? Diet:
5. List all current medications your pet is on, including herbal remedies:
6. Do you need refills on any prescriptions? If so, please list them.
7. What time will you be picking up your pet today?
8. Do we have permission to tranquilize your pet today **IF** necessary? Yes/No
9. In the event of a cardiac or respiratory failure, do you wish that your pet receive CPR and other life saving measures? Yes/No
10. Do you have any questions for the doctor today? Please explain:

**** Contact phone number for today's visit:** _____

Signature

Patient: _____

Date: _____

Patient ID: _____

FOR STAFF TO COMPLETE

Treatment Plan/Doctor Orders

Doctor (circle one): Walls Deitz

Nurse to discharge _____

Exam

Initial N/C Brief Nurse

Recheck Emergency

Diagnostics

3 View Rads Abdo / Thorax

Radiologist Review

Ultrasound Recheck One Site

Abdominocentesis

Echocardiogram Recheck Brief

Cardiology Review Thoracocentesis

EKG Rhythm Diagnostic

Aspirate Single / Multiple Cytology

Procedures

Endoscopy- _____

Labs

CBC In-house / Lab

Chemistry In-house / Lab

U/A Cysto In-house / Lab Culture

ACTH Pre / Post _____ Cosyntropin given

Pre: Post:

Bile Acids

GI Panel to TAMU

Medications:

IH Fill

RX Out

T: _____

P: _____

R: _____

BW: _____

MM/CRT: _____