

PATIENT ASSESSMENT FORM

(For cases previously seen by BluePearl)

BluePearl hours: Monday-Friday, 8AM-6PM
Saturday, 8AM-2PM



bluepearlTM
referral + emergency
pet hospital

11850 Aberdeen Street NE
Blaine MN 55449
Phone 763.754.5000 Fax 763.754.6002

7717 Flying Cloud Drive
Eden Prairie MN 55344
Phone 952.942.8272 Fax 952.829.4089

Date _____ Owner name _____

Patient name _____ Requesting veterinarian name _____

Patient status: Current weight _____ Temperature _____ Pulse _____ Respiration _____

Appetite _____ Elimination _____

Meds/Doses _____

Patient status (concerns) _____

Labwork concerns _____

BluePearl clinicians work as an extension of your practice to offer advanced medical care. Based on this completed patient assessment form, we will provide you, the referring veterinarian, with recommendations that you, in turn, can relay to your client.

If you would like BluePearl clinicians to provide recommendations directly to your client

- Please have your client set up a recheck appointment with us.
- If the case is a chronic, on-going process, we would need to assess the patient on an on-going basis to ensure we are maintaining the client-patient relationship to provide you and your patient with the highest standard of care.

Please fax this form along with patient lab work.

Number of pages (including this form) _____