

# Patient Assessment Form



**For cases previously seen by BluePearl**

BluePearl hours: Monday–Friday, 8 am–6 pm  
Saturday, 8 am–2 pm

**ARDEN HILLS**

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**Today's date** \_\_\_\_\_

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**Owner name** \_\_\_\_\_ **Patient name** \_\_\_\_\_

**Primary veterinarian** \_\_\_\_\_

## Patient status

**Current weight** \_\_\_\_\_ **Temperature** \_\_\_\_\_ **Pulse** \_\_\_\_\_ **Respiration** \_\_\_\_\_

**Appetite** \_\_\_\_\_ **Elimination** \_\_\_\_\_

### Medications/doses

### Patient status (concerns)

### Labwork concerns

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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.

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**Please fax this form along with patient lab work**

Number of pages (including this form) \_\_\_\_\_