

Patient Assessment Form

For cases previously seen by BluePearl.



BluePearlVet.com

Today's date _____

Arden Hills
1285 Grey Fox Rd., Ste. 100
Arden Hills, MN 55112
763.754.5000
763.754.6002 (fax)

Golden Valley
760 Boone Ave N
Golden Valley, MN 55427
952.942.8272
952.829.4089 (fax)

BluePearl hours Monday-Friday, 8 am-6 pm
Saturday, 8 am-2 pm

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 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 chronic, we would need to assess the patient on an ongoing basis to ensure we are maintaining the client-patient relationship and providing the highest level of care.

Owner name _____

Patient name _____

Primary veterinarian _____

Patient status

Current weight _____ Temperature _____ Pulse _____ Respiration _____

Appetite _____ Elimination _____

Medication/doses

Patient status (concerns)

Labwork concerns