INSTITUTE OF VETERINARY SPECIALISTS

Outpatient Imaging Services
Phone: **352-331-4233**
Fax: **352-331-9328**
Email: **contact@vetheart.com**

ASA Physical Status Reference Chart

American Society of Anesthesiologists Physical Status Classification

ASA	DESCRIPTION	EXAMPLES
1 Excellent	Apparently healthy • No obvious signs of disease	• Periodontal disease stage 1 • Hip dysplasia
2 Good	Mild systemic disease • Neonatal or geriatric animals	• Compensated cardiac disease • Small odontogenic tumors
3 Fair	Moderate systemic disease • Activity effected or limited	• Mild to moderate fever • Mild to moderate anemia • Diaphragmatic hernia • Controlled seizures with other neurological signs • Anorexia • Cachexia • Mitral insufficiency • Chronic cardiac disease/newly found • Moderate dehydration or anorexia
4 Poor	Severe systemic disease • Constant threat to life	• Shock • Sepsis • Severe anemia • Uncontrolled diabetes • Severed dehydration/ hypovolemia • Decompensated cardiac or renal disease • Emaciation • Severe pulmonary disease
5 Guarded	Moribund patient • Not expected to survive 24 hours without the procedure	• Multisystem failure • Major trauma • Profound shock • Severe head injury

MINIMUM REQUIRED DIAGNOSTIC SCREENING

ASA	<6 years old	>6 years old
1,2	• PCV, Chem 10 (past 6 months) • ECG • IV Catheter (depending on protocol, procedure, etc.)	• CBC, Chem 17 (past 6 months) • ECG • IV Catheter (depending on protocol, procedure, etc.)
3,4,5	• Radiographs • CBC, Chem 17 (past 6 months) • ECG • IV Catheter with fluids (depending on protocol, procedure, etc.)	• Radiographs • Echocardiogram • CBC, Chem 17 (past 6 months) • ECG • IV Catheter with fluids (depending on protocol, procedure, etc.)

T4: add this for all cats over 6 years of age
Complete profile should include electrolytes

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REFERRAL FORM

5609 SW 64th Street
Gainesville, FL 32608

Phone: **352-331-4233**
Fax: **352-331-9328**
Email: **reception@vetheart.com**

Date: _____

Patient Name:		IVS Patient ID:	
Breed:	Age:	Sex:	Weight:

PLEASE SEND COPIES OF PERTINENT MEDICAL RECORDS, RADIOGRAPHS, AND LAB RESULTS

Reason for Referral:

Radiographs and/or images may be emailed or alternatively a direct DICOM transfer to our PACS. E-mail contact@vetheart.com to set up.

No images ☐
DICOM ☐
Emailed ☐

Vaccination Status: Canine DA2P: _____ (Date Given) Feline FVRCP: _____ (Date Given) Rabies: 1 yr 3 yr _____ (Date Given)

Medical reason for precluding rabies vaccination (if any): _____

Animal Temperament:

Pertinent History: (Please fax or email a copy of medical history pertaining to admitting complaint)

Pertinent Lab Results: (Please send a complete copy of results and reference intervals from any lab)

No labs ☐
Emailed ☐
Faxed ☐

Current Medication/Treatment: (If complex/ongoing condition, please send medical records showing meds/treatment)

CLINIC USE ONLY

Referring Veterinarian:
First Last

Appointment Date:
Appointment Time:

Veterinary Clinic:
Address:
City: State: Zip:
Phone: Fax:
E-Mail:

Estimate Given: $
yes no

Communication with:

*Must be completed by referring veterinarian and faxed or emailed prior to appointment.

(Internal Use Only)
PATIENT STICKER HERE

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CT REQUEST FORM

General Information: General anesthesia is required for all CT examinations. Patients must arrive the morning of the scheduled procedure by 8:30am. **The CT Request Form and Referral Form must all be received 48 hours prior to the appointment** to facilitate safe anesthesia planning.

SECTION I - Referring Veterinarian Information

Please Note: It is very important that you or one of your associates is available by phone the day of the scan.

Name:			
Practice Name:			Practice ID:
Street Address:			
City	State:	Zip Code:	
Phone:	Fax:	Email:	

SECTION II - CT Scan Requested

Scan Region Requested:
Pesumptive diagnosis/rule-outs:

SECTION III - CT Report

A written report will be sent via email or fax the next working day following the scan.

Report preference: ☐ Email **@** ☐ Fax ( ) -

SECTION IV - Patient Information

Refer to the instruction sheet to determine pre-anesthesia required laboratory tests based on ASA status, or call us for assistance. Please note that laboratory values should generally be no more than 2 weeks old.

ASA Status (check one): ☐ 1 ☐ 2 ☐ 3 ☐ **4** ☐ **5** **ASA 4 or 5 will require referral to IVS.**

Client Name:		Client email:	
Address:	City:	State:	Zip:
Phone 1:		Phone 2:	
Pet Name:		Breed:	Color:
Weight: kg lbs	Age:	Sex: Spayed Neutered Intact	Microchipped? Y N
Relevant clinical problems:			
Current Medications:			
Previous anesthesia or surgery? ☐ Yes ☐ No		Comments:	
Is there any metal in this animal?			
Is the patient ambulatory?			
Additional Comments:			

I agree to allow the Institute of Veterinary Specialists to place the report in its patient records for future use.

Referring Veterinarian Name (please print) _____ Referring Veterinarian Signature _____ Date _____

contact@vetheart.com *352-331-4233 ph* *352-331-9328 fx* *www.vetheart.com*