

Thank you for trusting B'ahava Veterinary Health & Wellbeing to provide Traditional Chinese Veterinary Medicine (TCVM) services for your patient. Please complete as much of the information below as possible. Our office will reach out to the client within 72 hours.

Please return this form and any medical records using one of the methods below:

**Email (preferred)**  
info@bahavavet.com

**Fax**  
(817) 789-4458

**Physical Mail**  
212 James Street  
Roanoke, TX 76262

### Referring Veterinarian Information

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Referring Doctor: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Hospital Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital Email: \_\_\_\_\_

How Would You Prefer to Receive Patient Updates?

Hospital Email    Hospital Fax    Other \_\_\_\_\_

### Owner Information

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Owner's Name: \_\_\_\_\_

Owner's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

### Patient Information

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Patient's Name: \_\_\_\_\_

Patient's Species:  Canine    Feline    Equine    Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex:  M    MN    F    FS    Other: \_\_\_\_\_

Color: \_\_\_\_\_ Age or DOB: \_\_\_\_\_

Weight: \_\_\_\_\_

Patient's Temperament: \_\_\_\_\_

**Brief History:**

**Current Medications and/or Supplements:**

**Diagnostics Completed:**

- Lab Work
- Radiographs
- Ultrasound/Echocardiogram
- Advanced Imaging (including CT, MRI, etc.)
- Other: .....
- Pending Tests: .....

**Presumptive Conventional/Western Diagnosis:**

**Goals of Referral:**

**Please attach all available records** (medical notes, lab work, radiographs, notes from prior medical providers, etc.)