



PARENTERAL NUTRITION CONSULT REQUEST FORM

TO BE COMPLETED BY VETERINARIAN

Please Return to Dr. Meri Stratton-Phelps at:
3407 Millbrook Court
Fairfield, CA 94534

This form can be sent by fax to:
916-244-2665

Date: _____

Veterinarian Name: _____

Veterinarian Phone Number: _____

Best time to call: _____

E-mail Address: _____

Veterinarian Address: _____

Animal Name: _____

Body Weight (lb) _____ (BCS) _____

PATIENT INFORMATION

1. Client Name: _____
First Last

2. Species: _____ Breed: _____ Age: _____

3. Sex: M MC F FS

4. Does the patient have evidence of muscle wasting? (circle one)
Yes No

5. Does the patient have evidence of fluid retention (peripheral edema, abdominal fluid accumulation, pulmonary edema)?
Yes No

RECENT PATIENT HISTORY

1. When did the patient present to your clinic?

2. Please describe the presenting history of this patient (include dates)

3. Current active problem list:

CURRENT MEDICAL HISTORY

Intravenous Catheter:

1. Type of intravenous catheter: _____

2. Location of catheter: _____ Date of catheter placement: _____

Current pharmacologic therapy:

1. Intravenous fluid therapy: _____
Type of fluid Rate of administration

Additives to intravenous fluids:

- a) _____ b) _____
- c) _____ d) _____

2. Other medications (*please give dose, and rate of administration*):

- a) _____ b) _____
- c) _____ d) _____
- e) _____ f) _____

3. Primary laboratory abnormalities:

(*PLEASE SEND ALL LABORATORY REPORTS WITH CONSULT)

- 1) _____ 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____

PREVIOUS MEDICAL HISTORY

1. Has this animal had surgery? _____ Yes _____ No

If yes, please describe (including year, treatment, and any complications)

If this patient is a horse:

Does this horse have a history of colic? _____ Yes _____ No

If yes, please describe (including year, treatment, and any complications)

2. Please describe other relevant medical history for this patient

SMALL ANIMAL DIET HISTORY

I. Current and Previous Diets:

Current diets:

- | | | | | |
|----|---------------|-------------------|----------------------|-----------|
| 1. | _____ | _____ | _____ | _____ |
| | Brand of food | Amount fed (cups) | Frequency of feeding | Dates fed |
| 2. | _____ | _____ | _____ | _____ |
| | Brand of food | Amount fed (cups) | Frequency of feeding | Dates fed |
| 3. | _____ | _____ | _____ | _____ |
| | Brand of food | Amount fed (cups) | Frequency of feeding | Dates fed |

Previous diets:

- | | | | | |
|----|---------------|-------------------|----------------------|-----------|
| 1. | _____ | _____ | _____ | _____ |
| | Brand of food | Amount fed (cups) | Frequency of feeding | Dates fed |
| 2. | _____ | _____ | _____ | _____ |
| | Brand of food | Amount fed (cups) | Frequency of feeding | Dates fed |
| 3. | _____ | _____ | _____ | _____ |
| | Brand of food | Amount fed (cups) | Frequency of feeding | Dates fed |

I. Dietary supplements (including vitamins)

1.	_____	_____	_____	_____
	Type of supplement	Amount fed (tsp./oz.)	Frequency of feeding	Dates fed
2.	_____	_____	_____	_____
	Type of supplement	Amount fed (tsp./oz.)	Frequency of feeding	Dates fed
3.	_____	_____	_____	_____
	Type of supplement	Amount fed (tsp./oz.)	Frequency of feeding	Dates fed

2. Are there any known feed aversions or allergies?
If yes, please describe

EQUINE/LARGE ANIMAL DIET HISTORY

I. Previous and current diet:

Please remind the owner to include the type and quantity of hay fed, if the horse has access to pasture and the type of foliage available in the pasture, and the amount and brand of any supplements fed.

2. Are there any known feed aversions or allergies?
If yes, please describe

WHAT ARE THE THERAPEUTIC GOALS OF THIS NUTRITION CONSULT?

1. The completed forms can be submitted by fax (916-244-2665), e-mail (msp@allcreaturesnutrition.com), or mail.
2. ***Emergency consults for parenteral or enteral formulations will be completed within 12 hours of receipt of the consult request.*** If the consult is not required on an emergency basis, it will be completed within 24 hours of receipt of the consult request. If your patient requires an emergency ration formulation or diet recommendations please note this request on the consult. *An emergency fee of \$50.00 will be added to the consultation charge.*
3. Completed consults will be sent to you through e-mail, and if requested, a hard copy will follow by mail within a few days. I will bill your clinic directly. The cost of a parenteral nutrition formulation is \$150 for small animals and \$175 for large animals. This cost includes formula revisions that may be necessary as the patient adapts to the formulation. These prices are current as of January 1, 2010, but are subject to change in the future.