



VETERINARY 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 faxed 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
(circle one)

4. Does the patient have evidence of muscle wasting? 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:

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) _____

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

2. 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

3. Patient dietary preferences

Please list protein sources that the patient has previously consumed:

1.	2.
3.	4.
5.	6.

Please list protein sources that are NOVEL, and that the patient would consume:

1.	2.
3.	4.

Please list carbohydrate sources that the patient has previously consumed:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Please list carbohydrate sources that are NOVEL, and that the patient would consume:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

WHAT ARE THE THERAPEUTIC GOALS OF THIS NUTRITION CONSULT?

1. The completed forms can be submitted by fax or e-mail. The consult will be completed once the Nutrition Consult Request Form and Diet History Form have been received.
2. Consults will usually be completed within 2 weeks of the time they are received. **Emergency consults for parenteral or enteral formulations will be completed within 8-12 hours of receipt of the consult request.** If your patient requires an emergency diet 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 faxed or e-mailed to you directly, and a hard copy will follow by mail within a few days. I will bill the client directly, unless the patient is being treated in-house.. The charge for formulating or balancing a home cooked diet is between \$125-\$200. Additional charges will be incurred if the consult is required on an emergency basis, or if extensive client follow-up or diet reformulation is required. These prices are current as of January 1, 2010, but are subject to change in the future.