



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 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:

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. Laboratory abnormalities:
(*PLEASE SEND ALL LABORATORY REPORTS WITH CONSULT)

- | | |
|----|----|
| 1) | 2) |
| 3) | 4) |
| 5) | 6) |
| 7) | 8) |

PREVIOUS MEDICAL HISTORY

1. Has this animal had surgery? _____ 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 |

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. Are there any known feed aversions or allergies? _____ Yes* _____ No
**If yes, please describe*

EQUINE/LARGE ANIMAL/EXOTIC ANIMAL DIET HISTORY

I. Previous and current ration/diet:

Please remind the owner to include the type and quantity of hay fed, if the animal has access to pasture and the type of forage available in the pasture, if any commercial feeds or grains are fed, and the amount and brand of any supplement that is fed.

WHAT ARE THE THERAPEUTIC GOALS OF THIS NUTRITION CONSULT?

1. The completed forms can be submitted by fax or e-mail.
2. ***Emergency consults for parenteral or enteral formulations will be completed within 14 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 formulation, 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 as a PDF file. A hard copy of the consult letter can be mailed by request. I will bill your clinic directly. The cost of a parenteral nutrition formulation is \$200 for small animals and \$250 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 February 1, 2018, but are subject to change in the future.