



### I-131 Referral Form

Owner Name: \_\_\_\_\_ Owner's phone number: \_\_\_\_\_

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

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

Patient Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ HR: \_\_\_\_\_ RR/Quality: \_\_\_\_\_ BCS: \_\_\_\_\_

Palpable Thyroid Slip: R \_\_\_\_\_ cm L \_\_\_\_\_ cm Suspect Location in Chest

Hyperthyroid Treatment History (Circle): Oral Methimazole Transdermal Methimazole

Hill's y/d Other: \_\_\_\_\_ Date of Last Dose: \_\_\_\_\_ Reaction: \_\_\_\_\_

Current Medications: \_\_\_\_\_

#### (Circle) CLINICAL SIGNS OF HYPERTHYROIDISM

Weight Loss	Weakness	Vomiting
Increased Appetite	Decreased Appetite	Polydipsia/Polyuria
Hyperactivity	Lethargy	Dehydration ___%
Vomiting	Diarrhea	Constipation
Cardiac Murmur Grade ___/6	Tachycardia	Arrhythmia
Gallop Rhythm	Dyspnea	Panting
Cough	Labored Breathing/RR (Intercostal or Abdominal)	Increased Vocalization
Aggressive Behavior	Anger Syndrome	Ventral Neck Flexion
Alopecia/Fur Mowing	Unkempt Haircoat	House-Soiling/Incontinence
Immune Suppression	Euthyroid Sick Syndrome	Other:

#### (Circle) PRESENT OR PAST COMORBIDITIES

Cardiac Murmur	HCM	GI Disease
Pulmonary/Asthma	UTI	Diabetes
Dental Disease	FeLV	FIV
Corona Virus	Feline Herpes Virus	Calicivirus
Autoimmune Suppression	Liver Enzyme Elevation	IBD
LSA	Bone Marrow Suppression (Methimazole Poisoning)	Other:

Attending Veterinarian: \_\_\_\_\_ Veterinary Practice Name: \_\_\_\_\_