

Radioactive Iodine (I131) Treatment Referral Form

Veterinarians: Please ensure all sections are filled and email to info@wadestownvet.co.nz
Treatment dates are available on wadestownvet.co.nz/radioactive.html or by phone/email

Owner details: Full name: _____ Phone: _____ Email: _____ Address: _____ _____	Cat Details: Name: _____ Breed: _____ Age: _____ Sex: _____ Colour: _____
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Referring clinic: _____

Veterinarian name: _____ Date: _____

Initial blood test results at the time of diagnosis: <i>Please include reference ranges</i>			Date: _____
T4 _____	Urea _____	Creatinine _____	SDMA _____
Follow up blood test results: <i>Please include reference ranges</i>			Date: _____
T4 _____	Urea _____	Creatinine _____	SDMA _____

Was the cat on treatment at the time of follow up bloods?	No	Yes <i>Please specify</i>	
Any other medications?	No	Yes <i>Please specify</i>	
Any concurrent illnesses?	No	Yes <i>Please specify</i>	
Any history of cat flu?	No	Yes <i>Please specify</i>	
Patient suitable for gabapentin?	No	Yes	Last vaccination date: <i>Must be given in the last year at least 2 weeks prior to I131 treatment</i>
Patient's current diet:	_____		
Comments:	_____		
	<i>Please discuss potential risks and complications discussed before referral</i>		

