

Anticonvulsant Consultation Form



ANIMAL NEUROLOGY & MRI CENTER
NEUROLOGY • NEUROSURGERY • IMAGING • REHABILITATION

If you are unable to return to our clinic to have anticonvulsant serum concentrations evaluated please feel free to have your veterinarian perform the tests. Complete this form and have your veterinarian fax it to us in conjunction with the serum concentrations. After the information is evaluated by a neurologist, a phone consultation will be scheduled to review our recommendations. In addition to the phone consultation, a letter containing our recommendations will be forwarded to you and your veterinarian.

Dr. Michael Wolf, Diplomate ACVIM (Neurology)
Dr. Sheila Etue, Diplomate ACVR (Radiology)

RDVM Information (Please print & fill out entire form)

Date:

Veterinarian:

Last

First

Clinic/Hospital:

Address:

Street

City

State

Zip Code

Phone: ()

Fax: ()

Email:

Client/Patient Information

Client Name:

Last

First

Address:

Street

City

State

Zip Code

Home Phone: ()

Business Phone: ()

Cell Phone: ()

Patient Name:

Age/Birthdate:

Species:

Breed:

Important to have current Weight:

Sex: Male Female

Neutered: Yes No

Seizure log (describe changes since the last consultation):

Date:	Duration:	Severity (mild, moderate, severe):
Medications: Drug Name	Size or Concentration	Serum Concentration (time & date)
	Dose	

Has the dose changed since the last consultation? Yes No If yes, please describe: