



UMBILICAL/INGUINAL HERNIA & GALLBLADDER REFERRAL
Division of General Surgery

Email: gensurg.referral@lhsc.on.ca Fax: 519-685-8273 Phone: 519-685-8500 ext. 57420

All questions contained in this questionnaire are strictly confidential. PLEASE PRINT CLEARLY or TYPE DIRECTLY INTO THE FORM

Patient Name: [] M [] F Referring Physician:
DOB: Health Card #: VC: Address:
Address: Email: City: Postal Code:
City: Postal Code: Phone: Fax:
Phone: Alternate Phone: MOH Billing #: Email:

PATIENT HEALTH HISTORY (THIS SECTION MUST BE COMPLETED)

Height: Weight: BMI:
Current History/Present Illness:

Reason for Referral: Please select appropriate section

Inguinal Hernia [] Umbilical Hernia [] Gallbladder []
Left [] Right []
Degree of Symptoms:
1 [] 2 [] 3 [] 4 []
Mild Medium Severe
Notes:

List of patient medications (including over-the-counter drugs, such as vitamins) (attach a separate page if required)

DISCLOSURE:
If you prefer to refer to a specific surgeon please DO NOT use this form, but send your referral directly to the preferred surgeon's office.

Referrals received through the central referral office will be sent to the next available surgeon, from the list below:
Dr. M. Brackstone, Dr. W. Davies, Dr. A. Elnahas, Dr. J. Hawel, Dr. R. Hilsden, Dr. D. Gray, Dr. S. Latosinsky, Dr. R. Leeper, Dr. K. Leslie, Dr. A. Maciver, Dr. B. Moffat, Dr. N. Parry, Dr. D. Quan, Dr. C. Schlachta, Dr. A. Skaro, Dr. S. Smith, Dr. E. Tang
Note: If you are sending this referral to the central referral office, please DO NOT duplicate OR send this request to the physician directly.
REVISED FORM: March 29, 2022