



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)

[Empty space for listing medications]

Note: If you are sending this referral to the central referral office, please DO NOT duplicate OR send this request to the physician directly.

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