



London Health Sciences Centre

Division of General Surgery
University and Victoria Hospital
General Referral Form

(this form is not to be used for hernia/gallbladder or endoscopy referral)

All sections of this form must be completed and sent to the appropriate physician office

Patient Name:		<input type="checkbox"/> M <input type="checkbox"/> F	Referring Physician:	
DOB:	Health Card #:	VC:	Address:	
Address:		Email:	City:	Postal Code:
City:	Postal Code:		Phone:	Fax:
Phone:	Alternate Phone:		MOH Billing #:	Email:

REASON FOR REFERRAL:

PATIENT HEALTH HISTORY:

Height: Weight: BMI:

Pertinent Co-morbidities:

Please include all current test results, diagnostic imaging, blood work etc.

List of patient medications (including over-the-counter drugs, such as vitamins)