

Referral Form

PATIENT INFORMATION

Surname: _____ Given Name: _____ Email: _____

Date of birth: _____ Sex: M F Health card number: _____ Version Code: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Alternate: _____ Date of referral (YYYY/M/D/): _____

WSIB WSIB Claim Number _____

REFERRING PHYSICIAN/FACILITY INFORMATION

Physician Name: _____ Physician Number: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Fax: _____ Signature: _____

REASON FOR REFERRAL

Emergent (On Call Surgeon) Urgent Elective

Date of injury (YYYY/M/D): _____

Presenting complaint/nature of injury: _____

Supporting clinical documentation/investigation: (Please attach reports or access to online imaging e.g. Pocket Health) _____

Relevant medical history: _____

Treatment to date:

Special needs/disabilities:

PHYSICIAN REQUESTED (Consults only - you must select ONE physician below for your referral to be processed.)

Orthopaedic Surgeons:

- George Athwal MD, FRCSC** - Shoulder and elbow, Phone: 519-646-6081
- Darren Drosdowech MD, FRCSC** - Shoulder, Phone: 519-646-6047
- Ken Faber MD, MHPE, FRCSC** - Shoulder, elbow and wrist, Phone: 519-646-6312
- Ruby Grewal MD, MSc, FRCSC** - Wrist and hand, Phone: 519-646-6286
- Marie-Eve LeBel MD, MHPE, FRCSC** - Shoulder, Phone: 519-646-6153
- Graham King MD, MSc, FRCSC** - Elbow and wrist, Phone: 519-646-6011
- Assaf Kadar MD** - Wrist and hand, Phone 519-646-6294

Plastic Surgeons:

- Douglas Ross MD, Med, FRCSC** - Wrist, hand, nerve injuries, reconstructive plastic surgery, Phone: 519-646-6048
- Stahs Pripotnev BMSc, MD, FRCSC** - Wrist, hand, nerve injuries, reconstructive plastic surgery, Phone: 519-646-6424

Non-Operative Referrals:

- Steven Joseph** - Shoulder, elbow, wrist, hand, Phone: 519-646-6081
- Bing Siang Gan MD, PhD, FRCSC** - Wrist, hand, Phone: 519-646-6097
- Tarek El-Chabib** - Shoulder, Phone: 519-646-6153
- Hussein Ataie** - Shoulder, elbow, wrist, hand Phone 519-646-6011

Please fax all referrals to the Roth | McFarlane Hand and Upper Limb Centre at 519-646-6049

PLEASE ADVISE THE PATIENT TO REVIEW ST. JOSEPH'S WEBSITE FOR MORE INFORMATION www.sjhc.london.on.ca/areas-of-care/roth-mcfarlane-hand-and-upper-limb-centre-hulc.