

Elective Referral Form

PATIENT INFORMATION

Surname: _____ Given Name: _____ Email: _____

Date of birth (YYYY/M/D): _____ Gender: _____

Health card number: _____ Version Code: _____

Address: _____ City: _____ Postal Code: _____

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

Translator Required Language: _____

**If patient is WSIB, please ask WSIB Case Manager to refer to
SJHC WSIB Upper Limb Specialty Clinic to facilitate care**

REFERRING PHYSICIAN/FACILITY INFORMATION

Physician Name: _____ Physician Number: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Fax: _____ Signature: _____

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

Presenting complaint/nature of injury: _____

Attach supporting clinical documentation/investigation: (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, elbow Phone: 519-646-6081
- ☐ **Darren Drosdowech MD, FRCSC** - Shoulder Phone: 519-646-6047
- ☐ **Ken Faber MD, MHPE, FRCSC** – Shoulder, elbow Phone: 519-646-6312
- ☐ **Ruby Grewal MD, MSc, FRCSC** – Wrist, hand Phone: 519-646-6286
- ☐ **Assaf Kadar MD**- Wrist, hand Phone 519-646-6294
- ☐ **Graham King MD, MSc, FRCSC** – Elbow, wrist Phone: 519-646-6011
- ☐ **Marie-Eve LeBel MD, MHPE, FRCSC** - Shoulder Phone: 519-646-6153

Plastic Surgeons:

- ☐ **Spencer Chambers BEng, MD, MSc, FRCSC** - Wrist, hand and arthroscopic surgery, Phone: 519-646-6276
- ☐ **Stahs Pripotnev BMSc, MD, FRCSC** - Wrist, hand, nerve injuries, reconstructive plastic surgery, Phone: 519-646-6424
- ☐ **Douglas Ross MD, Med, FRCSC** - Wrist, hand, nerve injuries, reconstructive plastic surgery, Phone: 519-646-6048

Non-Operative Referrals:

- ☐ **Hussein Ataie MD, CCFP (SEM)** -Shoulder, elbow, wrist, hand Phone 519-646-6095
- ☐ **Tarek El-Chabib, MD, CCFP (SEM)** – Shoulder Phone: 519-646-6095
- ☐ **Fahim Merali MD, CCFP (SEM)** – Shoulder, elbow, wrist, hand Phone: 519-646-6047
- ☐ **Steven Joseph MD, CCFP (SEM)** – Shoulder, elbow, wrist, hand Phone: 519-646-6095

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.