

# Elective Referral Form

## PATIENT INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of birth (YYYY/M/D): \_\_\_\_\_ Gender: \_\_\_\_\_ Health card number: \_\_\_\_\_ VC: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Date of referral (YYYY/M/D): \_\_\_\_\_  
Translator Required Language: \_\_\_\_\_

## 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
- ☐ Dr. Tanis Quaife BMSc, MD, FRCSC – Wrist, hand, nerve injuries, reconstructive plastic surgery, Phone: 519-646-6007

#### 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](http://www.sjhc.london.on.ca/areas-of-care/roth-mcfarlane-hand-and-upper-limb-centre-hulc).