

# Elective Referral Form

## PATIENT INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth (YYYY/M/D): \_\_\_\_\_ Gender: \_\_\_\_\_

Health card number: \_\_\_\_\_ Version Code: \_\_\_\_\_ WSIB number: \_\_\_\_\_

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.)

### Surgeons:

- George Athwal MD, FRCSC – Shoulder, elbow; Phone: 519-646-6081
- Yousif Atwan MD, MSc, FRCSC – Shoulder, elbow; Phone: 519-646-6041
- Spencer Chambers MD, MSc, FRCSC - Wrist, hand; Phone: 519-646-6276
- 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
- Carlos Prada MD, MSc, FEBHS – Wrist, hand; Phone: 519-646-6063
- Stahs Pripotnev MD, FRCSC - Wrist, hand, nerve injuries; Phone: 519-646-6424
- Tanis Quaife MD, FRCSC - Wrist, hand, nerve injuries; Phone: 519-646-6007
- Douglas Ross MD, Med, FRCSC - Wrist, hand, nerve injuries; Phone: 519-646-6048

### Non-Operative Referrals:

- Hussein Ataie MD, CCFP (SEM) -Shoulder, elbow, wrist, hand; Phone 519-646-6081
- Tarek El-Chabib, MD, CCFP (SEM) – Shoulder; Phone: 519-646-6095
- Fahim Merali MD, CCFP (SEM) – Shoulder, elbow, wrist, hand; Phone: 519-646-6047

**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).