

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 and elbow, 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
- Spencer Chambers, FRCSC, MD, MSc, BEng, - Hand, wrist, and arthroscopic surgery, Phone: 519-646-6276

Non-Operative Referrals:

- Steven Joseph MD, CCFP (SEM) - Shoulder, elbow, wrist, hand, Phone: 519-646-6081
- Tarek El-Chabib, MD, CCFP (SEM) - Shoulder, Phone: 519-646-6153
- Hussein Ataie - Shoulder, elbow, wrist, hand Phone 519-646-6011
- 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.