

Referral Form

PATIENT INFORMATION

Surname: _____ Given Name: _____

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

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Alternate: _____

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/investigations: **(Please attach reports)** _____

Relevant medical history: _____

Treatment to date: _____

Special needs/disabilities: _____

PHYSICIAN REQUESTED *(Consults only - you must select a 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 **(CLOSED FOR ELECTIVE REFERRALS)**
- 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
- Nina Suh MD, FRCSC** - Wrist and hand, Phone: 519-646-6050

Plastic Surgeons:

- Robert Richards MD, FRCSC** - Wrist, hand, tumours, reconstructive plastic surgery, cosmetic, Phone: 519-646-6046
- Douglas Ross MD, Med, FRCSC** - Wrist, hand, nerve injuries, reconstructive plastic surgery, Phone: 519-646-6048
- Bing Siang Gan MD, PhD, FRCSC - Wrist, hand, reconstructive plastic surgery, Phone: 519-646-6097 **(CLOSED FOR ELECTIVE REFERRALS)**
- Josh Gillis MD, Med, FRCSC** - Wrist, hand, nerve injuries, reconstructive plastic surgery, Phone: 519-646-6326

Non-Operative Referrals:

- Steven Joseph MD, MA, CCFP** - Shoulder, elbow, wrist, hand, Phone: 519-646-6081

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/rothmcfarlane