ROTH | McFARLANE
HAND & UPPER LIMB CENTRE
ST. JOSEPH'S HEALTH CARE LONDON

Roth | McFarlane Hand and Upper Limb Centre
St. Joseph's Hospital
268 Grosvenor St.
London, ON N6A 4V2
Telephone: 519-646-6100 ext.64944
Fax: **519-646-6030**

EMERGENCY REFERRAL FORM

PATIENT INFORMATION

Surname:_____ Given Name: _____

Date of birth (YYYY/M/D):_____ Sex: ☐ M ☐ F Health card number:_____ Version Code:___

Address:_____ City:_____ Postal Code: _____

Home Phone: _____ Alternate: _____ Email: _____

WSIB ☐ WSIB Claim Number_____ Translator Required Language: _____

REFERRING PHYSICIAN/FACILITY INFORMATION

Physician Name: _____ Physician Number: _____

Address:_____ City:_____ Postal Code: _____

Phone:_____ Fax:_____ Signature: _____

REASON FOR REFERRAL

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

Presenting complaint/nature of injury: _____

_____

_____

Supporting clinical documentation/investigation: **(Please attach reports or access to online imaging eg. Pocket Health)** _____

Relevant medical history: _____

_____

Treatment to date: _____

Special needs/disabilities: _____

Dedicated fax number for URGENT/EMERGENT referrals: 519-646-6030

All urgent/emergent referrals will be triaged by the HULC consultant on call and the patients will be contacted directly for their appointment.

☐ **Referral deemed non-urgent. Please use normal referral form and fax number: 519-646-6049. https://www.sjhc.london.on.ca/referral-forms#roth-mcfarlane-hand-and-upper-limb-centre-hulc**

PLEASE ADVISE THE PATIENT TO REVIEW ST. JOSEPH'S WEBSITE FOR MORE INFORMATION www.sjhc.london.on.ca/rothmcfarlane