

# Elective Referral Form

## PATIENT INFORMATION

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

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

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

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.)**

### Orthopaedic Surgeons:

- George Athwal MD, FRCSC – Shoulder, elbow Phone: 519-646-6081
- Yousif Atwan MD, MSc, 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
- Alexandra Munn MD, MSc, FRCSC – Wrist, hand Phone: 519-646-6011

### 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

### 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

**Please fax all referrals to the Roth | McFarlane Hand and Upper Limb Centre at 519-646-6049**