

Emergent Referral Form

PATIENT INFORMATION

Surname: _____ Given Name: _____

Date of Birth (YYYY/M/D) _____ Gender _____ 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 HULC 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 urgent appointment.

Pediatric hand injuries less than 15 should be referred to LHSC: 519-667-6821

Pediatric wrist/arm injuries less than 15 should be referred to LHSC: 519-685-8447

Referral deemed elective. Please use elective referral form and fax number: 519-646-6049. <https://www.sjhc.london.on.ca/referral-forms#roth-mcfarlane-hand-and-upper-limb-centre-hulc>