# Comprehensive Neurological Care Victoria

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# EEG / NCS / EMG REQUEST FORM

**REFERRING DOCTOR:**

**Name:**
**Practice:**
**Address:**
**Phone:**
**Fax:**

**PATIENT DETAILS:**

**Name:**
**DOB:**
**Address:**
**Phone Home:**
**Phone Mobile:**

CLINICAL DETAILS:

PLEASE TICK APPROPRIATE BOX BELOW FOR THE TEST REQUIRED:

**EMG / NCS – Electromyography / Nerve Conduction Study**

Simple:

- ❑ Carpal Tunnel Syndrome

Complex:

- ❑ Ulnar Neuropathy
- ❑ Peripheral Neuropathy
- ❑ Radiculopathy
- ❑ Radial Neuropathy
- ❑ Myopathy/Mysathenia Gravis
- ❑ Other

**EEG - Electroencephalography**

- ❑ Routine EEG (1 hour)
- ❑ Sleep Deprived EEG (1.5 hours)
- ❑ Prolonged Video EEG (3 hours)

| MEDICATIONS: | | |
|---|---|---|
| **Anticoagulation:** | ❑ **Yes** | ❑ **No** |
| **NEUROLOGICAL CONSULTATION NEEDED?** | ❑ **Yes** | ❑ **No** |
| REFERRING DOCTOR'S SIGNATURE: | DATE: | |

**TO SCHEDULE AN APPOINTMENT PLEASE FAX REQUEST FORM TO (03) 9379 4115 *OR* PHONE: (03) 9379 4545**

PATIENT INSTRUCTIONS (EEG): Wash your hair the night before or morning of your appointment. Hair should be dry and free of products including gels, hairspray, leave-in-condition, mousse etc. Do not drink tea, coffee or fizzy drinks before the appointment. (EMG/NCS): Shower and keep your skin clear from any fragrances, moisturisers and creams. Wear comfortable, loose fitting clothing to your appointment

**Office Use Only****
Appointment Booked for:
at: