

Private Electrophysiology Service Patient Referral Form

Patient Details

Name _____ DOB _____

Address _____ Phone _____

Email _____ Medicare No. _____

Nerve conduction studies (NCS)/ Electromyography (EMG)

- | | |
|---|--|
| <input type="checkbox"/> Median Neuropathy / Carpal tunnel syndrome | <input type="checkbox"/> EMG |
| <input type="checkbox"/> Ulnar Neuropathy | <input type="checkbox"/> Peripheral Neuropathy |
| <input type="checkbox"/> Other _____ | |

Electroencephalogram (EEG)

- | | |
|--|---|
| <input type="checkbox"/> Routine (20 min recording) | <input type="checkbox"/> Prolonged (1 hour recording) |
| <input type="checkbox"/> Sleep deprived (1 hour recording) | <input type="checkbox"/> Prolonged sleep deprived (3 hours) |

Evoked Potentials (EP)

- | | |
|--|---|
| <input type="checkbox"/> Visual Evoked Potential | <input type="checkbox"/> Somatosensory Evoked Potential |
|--|---|

Clinical Details

Referring Doctor _____ Provider No. _____

Signature _____ Date _____

EEG - Epileptologists

A/Prof Sasha Dionisio
Dr David Lee

NCS/EMG - Neurologists

Dr Caroline Airey	Dr David Lee
Dr Reuben Beer	Dr Gaurav Singh
A/Prof Stefan Blum	