

## Private Electrophysiology Service Patient Referral Form

### Patient Details

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Medicare No. \_\_\_\_\_

### Nerve conduction studies (NCS)/ Electromyography (EMG)

- Median Neuropathy / Carpal tunnel syndrome       EMG
- Ulnar Neuropathy       Peripheral Neuropathy
- Other \_\_\_\_\_

### Electroencephalogram (EEG)

- Routine (20 min recording)       Prolonged (1 hour recording)
- Sleep deprived (1 hour recording)       Prolonged sleep deprived (3 hours)

### Evoked Potentials (EP)

- Visual Evoked Potential       Somatosensory Evoked Potential

### Clinical Details

Referring Doctor \_\_\_\_\_ Provider No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### EEG - Epileptologists

Dr David Lee

#### NCS/EMG - Neurologists

Dr Caroline Airey

Dr Reuben Beer

A/Prof Stefan Blum

Dr David Lee

Dr Gaurav Singh