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NEUROLOGY

ELECTROMYOGRAPHY & NERVE CONDUCTION STUDY REFERRAL

Referring Physician Information:		**Patient Information:**	
Date: (___ / ___ / ___) (dd/mm/yyyy)		DOB: (___ / ___ / ___) (dd/mm/yyyy)	
Name:		Name:	
Billing#		OHIP#	
Address:		Address:	
Tel:		Tel:	
Fax:		Cell:	

Reason for Referral:

Is Patient on Blood Thinners / Anticoagulants? Yes / No (*If Yes, please list*)

Does patient have a pacemaker, defibrillator or any type of electrical device? *Please elaborate.*

IMAGING & RESULTS Please send all relevant images and results along with the referral or when they become available, including CT / MRI of Brain / Spine, EEG, Bloodwork, etc.
Images & Results …. included ☐
or to follow ☐

Please Advise Patients:

- If required, to bring an English speaking translator to assist in the history-taking and examination by the neurologist.
- Not to apply any skin cream or oil as they interfere with the studies and wear loose clothing.
- To bring a complete and updated list of medications; preferably, they should bring along the medications.
- To take their medication as normal on the day of testing.
- Please allow at least 2 hours for the appointment.

At least 48 hours notice for cancellation or changes, otherwise a no-show charge will apply.