

Neurophysiology Referral

Department of Neurology & Neurophysiology

Laboratory location: *Sunshine Hospital*
 176 Furlong Rd, St Albans
 Ground Floor
 Acute Services Building

Surname

First name

UR number

Sex M F DOB/...../.....

All referrals & enquiries: Phone 03 8395 9075 Fax 03 9318 6342
 Email WesternHealthNeurology@wh.org.au

Address Suburb Postcode

Phone (mobile) Phone (home)

Referring Doctor Provider number

Address Suburb Postcode.....

Referral date/...../..... Copy report to

Email report to: _____

Review scheduled at External rooms Specialist Clinics (Neurology) Other..... Review Date...../...../.....

Tests required	Appointment type	Priority
<input type="checkbox"/> EEG – routine	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Non-urgent
<input type="checkbox"/> EEG – sleep deprived	<input type="checkbox"/> Inpatient	<input type="checkbox"/> URGENT
<input type="checkbox"/> EEG – extended video EEG telemetry		<input type="checkbox"/> Interpreter required
<ul style="list-style-type: none"> • Hospital admission 2 – 4 days • Neurologist referral only 		Language.....
<input type="checkbox"/> Evoked response – visual	Other notes:.....	
<input type="checkbox"/> Evoked response – auditory		
<input type="checkbox"/> Evoked response – SSEP		
<input type="checkbox"/> EMG – nerve conduction study		
<ul style="list-style-type: none"> <input type="checkbox"/> Single Fibre <input type="checkbox"/> Carpal Tunnel Syndrome (only) 		

Clinical indication and question (Please provide brief history).....

Previous tests.....

Current medication.....

Mobility issues

- If patient requires assistance transferring to recliner chair / examination couch, please bring family member / friend / carer to appointment

Is there a history of aggression? (for safety purpose only, will not affect acceptance of referral)

No Yes Verbal Physical Carer required

Signed Date/...../.....

****Please note: Referral will not be accepted without referring doctor's name, provider number, signature and date.