Government of South Australia

Health
Southern Adelaide
Local Health Network

*SLNINCO600208*

# Neurophysiology Request Form

Telephone: 08 8204 4187 Facsimile: 08 8204 6932

Please tick one box below *(for Medicare billing purposes a named referral is required)*

- ☐ A/Prof David Schultz
- ☐ Dr YiZhong Zhuang
- ☐ Dr Karyn Boundy
- ☐ Dr Kerrie-Anne Chen (Paediatric EEG)
- ☐ Dr Joseph Frasca
- ☐ Dr Emma Whitham
- ☐ Dr Siew Lee Shu
- ☐ Dr Lesley-Ann Hall
- ☐ A/Prof Robert Wilcox
- ☐ A/Prof Mark Slee

## Patient details

☐ Out-patient Clinic: _____

☐ In-patient ☐ Specify ward _____

Patient's Clinical Notes:

FMC UR:

Family Name:

Given Name(s):

DOB: Male Female

Address:

Home Phone:

Mobile:

☐ Infectious precautions (e.g.VRE / MRSA)

☐ Patient requires two person assistance

Ambulant Chair Bed

## Procedure/study required:

- ☐ Routine EEG (Electroencephalogram)
- ☐ Specialised EEG _____
- ☐ EMG/ nerve conduction study
  - ☐ Carpal tunnel ☐ Right ☐ Left ☐ Bilateral
  - ☐ Ulnar ☐ Right ☐ Left ☐ Bilateral
  - ☐ Lateral popliteal ☐ Right ☐ Left ☐ Bilateral
  - ☐ Facial nerve palsy
  - ☐ Myopathy
  - ☐ Motor Neurone Disease
  - ☐ Radiculopathy/Plexopathy
  - ☐ Peripheral neuropathy
  - ☐ Other .....
- ☐ VER (evoked potential/blink responses)
- ☐ Botulinum toxin (neurology consult required)

Please complete all details below. Unsigned, undated, incomplete & illegible forms will be returned.

## Referral

Referring doctor (please print)

Referring doctor signature

Address:

.....

Provider number:

FMC pager number:

Phone: Fax:

Date:

Patients to bring Medicare card when attending Flinders Medical Centre

NEUROPHYSIOLOGY REQUEST FORM

MR72A-2

SALHN
November 2022