DEPARTMENT OF NEUROPHYSIOLOGY

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Cromwell Hospital

NEUROPHYSIOLOGY REQUEST FORM

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED
Send completed forms to: neuro@cromwellhospital.com

STICK PATIENT LABEL OR COMPLETE SECTIONS

FORENAMES:

SURNAMES:

DOB:

MRN/ HOSPITAL NUMBER:

ADDRESS:

CONTACT NO:

SEX: M ☐ F ☐

EMAIL:

ELECTROENCEPHALOGRAPHY (EEG)	EVOKED POTENTIALS (EP)
☐51900 EEG-Routine (Hyperventilation & Photic stimulation)**	☐551800 Somatosensory Evoked Potential (SEP) upper OR lower
☐551988 Sleep EEG-Daycase (4-6 hours)	☐551805 SEP upper AND lower
☐551977 Portable EEG (Inpatients only)	☐551630 Brainstem/auditory evoked Potential
☐551926 Video-Telemetry specify number of days: PLEASE SELECT	☐551740 Visual evoked Potential (VEP) Pattern (full fields)
☐551090 Ambulatory-EEG	☐551750 VEP- Pattern (full & hemi-fields)
☐NFM Neurological Full Montage (Combines Video-EEG+Polysomnography) PLEASE SELECT	☐551730 VEP- Flash with surface ERG
HOME-ELECTROENCEPHALOGRAPHY	**ELECTROMYOGRAPHY (EMG)**
☐558007 Home Video-Telemetry	☐551930 EMG & nerve conduction studies
☐558010 Home Video-Ambulatory EEG	☐551999 Nerve conduction studies only
	☐552037 EMG & nerve conduction studies with Botulinum Toxin
☐558010 Home Video-Telemetry with Polygraphy	**OFFSITE SERVICES (e.g for Brompton/Marsden Hospital)**
☐558008 Home Video-Polysomnography	☐558012 EMG & nerve conduction studies
**Please gain informed verbal consent prior to referral for sleep deprivation, photic stimulation and hyperventilation studies.	☐558016 Evoked Potential Studies (specify: PLEASE SELECT)
	☐558014 Portable EEG
	☐558015 Continuous EEG Monitoring PLEASE SELECT

REASON FOR REFERRAL:		
MEDICAL HISTORY & CLINICAL DETAILS:		
MEDICATION:		
CONSULTANT/PHYSICIAN'S		**RETURN OF RESULTS CONTACT:**
DATE		