NEUROLOGY SOLUTIONS

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EMG / NERVE CONDUCTION STUDY REFERRAL

PREFERRED — MEDICAL OBJECTS	EMAIL REFERRAL
Practice ID: MP4122002GK	reception@pascoeneurology.com

Appointments are generally available within one week. Reports are ordinarily issued to the referrer by the next business day. Referral enquiries: 0421 300 797 · Fax fallback: 07 3532 0272

Patient name: _____	**Date of birth:** _____
Best contact number: _____	**Email:** _____
Address: _____	**Medicare number:** _____

REQUESTED SERVICE

☐ EMG + NCS	☐ Carpal tunnel study	☐ Other electrodiagnostic study
☐ Testing only	☐ Testing + neurological consultation	☐ Please advise appropriate study

CLINICAL QUESTION / REASON FOR REFERRAL

RELEVANT DETAILS

Symptoms / distribution: _____	**Duration / progression:** _____
Examination findings: _____	**Working diagnosis / differential:** _____
Prior surgery / injury: _____	**Anticoagulation, pacemaker or implanted device:** _____

Please attach relevant imaging, operative reports, previous EMG/NCS results and specialist correspondence.

Referring clinician: _____	**Provider number:** _____
Practice: _____	**Phone / secure contact:** _____

Signature: _____ Date: _____ Priority: ☐ Urgent ☐ Semi-urgent ☐ Next available