

# NELSON NEUROPHYSIOLOGY SERVICES

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## REFERRAL FOR NEUROPHYSIOLOGICAL INVESTIGATION

Ref\_Rx'd:

Req'd by:

Appt:

OurRef:

4/20/03

**EEG:** Required:    Routine    Portable    Sleep-deprived    Sleep-deprived & Sleep

[100mm x 25mm Patient Sticky Label]

to include full name, DOB, NHI, address, GP details

home tel:

mobile:

email:

### QUESTION FOR EEG:

#### CLINICAL URGENCY (weeks):

9   8   7   6   5   4   3   2   1   0  
Routine --- Semi-Urgent --- Urgent --- Very Urgent --- This Week --- Today

**PATIENT STATUS:** (please circle):

OP/ IP

If IP, details of contact staff:

**HISTORY:** alteration of awareness?, full description especially of any aura, duration of history, localisation and time of day or night. Any known triggers? Other investigations planned:

**PREVIOUS HISTORY:** Birth trauma?, Infantile convulsions?, Head injury (and treatment)?, CVAs?, MS or any other pathology?

**INFECTION RISKS** (if none stated, will assume none):

**FAMILY HISTORY** especially seizures, cardiac, MS or any CNS disorder:

**ALL PRESENT MEDICATION** (with duration & doses):

**OTHER RELEVANT INFORMATION** - previous EEGs, IQ, next OP appt date, compliance, co-operation etc:

**Funding** (please circle):    NMDHB    Other\_DHB    NZDF    Other

Requesting Consultant (printed)

Requesting Doctors' **Signature & Date**

Authorising Officers' **Signature & Date**