

University Hospital Geelong Neurosciences Department Neurophysiology Request Form

University Hospital Geelong Bellarine Street

Geelong, Vic 3220 PO Box 281 Geelong, Vic 3220

T 03 4215 0000

Please forward this form to the Neuroscience Department.	An appointment letter will be sent directly to the patient.

All sections of this form must be fully completed.

MYERS STREET	Patient name	
BARWON HEALTH GEELONG HOSPITAL	Address	
KARDINIA HOUSE	Suburb	Post Code
	DOB	Contact No.
RYRIE STREET	Medicare No.	Work Cover O TAC O Overseas Visitor O
	— O urge	NT O NEXT AVAILABLE
ELECTROENCEPHALOGRAPH Routine EEG: Includes hyper Sleep deprived EEG 31 Ambulatory EEG Video monitoring PAEDIATRIC ELECTROENCEP Routine EEG: Includes hyper Sleep deprived: Includes hyper EVOKED POTENTIAL Visual Evoked Responses (N MEDICAL HISTORY AND CL	rventilation & photic nours () 8 hours HALOGRAPHY ventilation & photic perventilation & photic	ELECTROMYOGRAPHY Short Carpal tunnel Ulnar neuropathy Long Radial nerve Peripheral neuropathy Radiculopathy Cervical O Lumbar Motor neurone disease Polymyositis Other
EEG Preparation: Clean and dry h	air, no styling products	
EEG Preparation:Clean and dry hair, no styling products Nerve Conduction:Clean and dry hands/feet, no creams or oils, jewellery removed VER: Please bring your glasses		
Referring doctor / Supervising Co	nsultant (if registrar referring)	Provider No.
Practice address / Department_		
Authorising signature		Date

INCOMPLETE REFERALS WILL NOT BE ACTIONED