

Neurophysiology Request Form

Please fax completed form to +44 (0)20 7349 3893

For enquiries, call +44 (0)20 7349 3869

| PATIENT DETAILS | | | |
|--|---|---|-------------|
| TITLE | SURNAME | URGENT ADMISSION (please tick) | |
| FORENAME | | GENDER (please tick) | MALE FEMALE |
| DATE OF BIRTH | | HOSP NO | |
| ADDRESS | | | |
| | | | |
| POSTCODE | | TEL NO | |
| EMAIL ADDRESS | | | |
| REFERRER'S DETAILS | | FOR OFFICE USE ONLY | |
| NAME | | APPOINTMENT (please tick) | |
| ADDRESS | | CODE | DATE |
| TEL NO | FAX NO | REF NO | TIME |
| EMG / NERVE CONDUCTION STUDIES (please tick) EMG / NERVE CONDUCTION STUDIES FACIAL EMG / NCS REPETITIVE STIMULATION SINGLE FIBRE EMG STUDIES | EEG (please tick) EEG - ROUTINE EEG SLEEP DEPRIVED PROLONGED EEG HOURS (MAX = 4 HOURS) | EVOKED POTENTIAL STUDIES (please tick) VEP - PATTERN, FULL FIELD VEP - FLASH ERG - FLASH SSEP - UPPER LIMB SSEP - LOWER LIMB BSAEP TRIPLE EPs (VEP, UL+LL, SSEP & BSAEP COMBINED) | |
| OUT-PATIENT SLEEP STUDIES (please tick) EMBLETTA DOMICILIARY STUDIES | IN PATIENT MONITORING PROCEDURES (THE LISTER HOSPITAL) (please tick) 24 HOUR VIDEO-TELEMETRY PROLONGED VIDEO-TELEMETRY DAYS REQUIRED POLYSOMNOGRAPHY C CPAP POLYSOMNOGRAPHY C MSLT CPAP TITRATION | | |
| CLINICAL INFORMATION / PROVISIONAL DIAGNOSIS (INCLUDING MEDICATION) | | | |
| | | | |
| SIGNATURE | | DATE | |



Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.

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