Lakeridge Health

Outpatient Nerve Conduction & EMG REFERRAL

Patient's Name:_____

DOB:_____ Gender:☐ M ☐ F

Health Card # _____

Address: _____

Phone number:_____

(Label if appropriate and has all information)

****For Inpatients, consult Neurology On Call first****

Specialty requested:

☐ Neurology ☐ Physiatry ☐ First available (NO PREFERENCE)

Mode of Transport:

☐ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance Transfer (requires attendee from patient's hospital)

Date of Referral: _____

Referring Physician: _____

CPSO#_____ OHIP Billing # _____ (residents use attending physician #)

Signature of Referring Physician: _____ **Physician stamp for signature**

☐ **CONSULT & ELECTRONIC STUDIES** ☐ **ELECTRODIAGNOSTIC STUDIES ONLY**

REASON FOR REFERRAL − POSITIVE CLINICAL FINDINGS, PERTINENT HISTORY:

_____

_____

e.g. tingling, numbness, wrist/arm pain, foot drop, wrist drop **(please specify which limbs or body area affected)**

Query Specific Diagnosis

Carpal Tunnel Syndrome	☐ R	☐ L	☐ Both
Cubital Tunnel/Ulnar Neuropathy	☐ R	☐ L	☐ Both
Other (eg. Radial, Peroneal) Plexopathy	☐ R	☐ L	☐ Both
Cervical Radiculopathy	☐ R	☐ L	☐ Both
Lumbosacral Radiculopathy	☐ R	☐ L	☐ Both
Polyneuropathy	☐		

Other _____ **MD to review referral:**

PERTINENT LAB/IMAGING FINDINGS:

Please include relevant imaging and lab work (e.g. MRI, CT Scan, Plain film) **attached** ☐ Y ☐ N

If not available, please indicate reason unavailable:

☐ MRI contraindicated _____

☐ MRI pending Booked date: _____ Location: _____

Other (specify) _____

Check all that apply:

Is the patient on anticoagulants or have a bleeding disorder? ☐ Y ☐ N

Does the patient have significant peripheral edema? ☐ Y ☐ N **If yes, MD to review referral**

Please FAX completed form to 905−428−5307.
To call for bookings, please PHONE 905−683−2320 extension 11684

Lakeridge Health

Instructions for Nerve Conduction and Needle EMG Studies

1. Bath/wash arms and legs the day of studies and do NOT apply skin conditioners/lotions over any part of the body afterwards.

2. Wear loose clothing:
   a. For arm studies, long sleeves should roll up easily or bring a t−shirt. Females should wear tank top or sports bra underneath clothing in the event needle EMG is required.

   b. For leg studies, wear loose fitting pants that roll up above the knees easily or bring shorts.

3. There is no need to remove rings on fingers. You may be asked to remove wrist bands, watches etc... temporarily during the procedure.

Directions to EMG Room

Address:

Ajax Pickering Hospital
580 Harwood Avenue South

Phone: 905−683−2320 extension 11684
Fax: 905−428−5307

Location:

1st Floor, East Wing, in the Cardiac Diagnostics Clinic (near the pharmacy)