ADELAIDE NEURODIAGNOSTICS
No. 4247637H

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Neurology
– Purified Neuro Toxin Treatment
Nuclear Medicine
– Cerebral SPECT
Neurophysiology
– EEG
– Nerve Conduction Study
– Video Telemetry

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Neurophysiology Request Form

Type of EEG: (please tick)

- ☐ Standard (30 minute)
- ☐ Prolonged (3+ hours)
- ☐ Sleep Deprived
- ☐ Ambulatory (24-72 hours)

This referral is for testing services only. No neurology follow up

Patient details:

Name: ..... Date of birth:.....
Minimum 17 y.o.

Email: .....

Phone:..... Medicare no.:.....

Address:.....

Referrer details:

Email: .....

If reports should be sent to another healthcare provider in addition to the referring clinician, please fill in the details here:

Email: .....

Indication for EEG: (select at least one)

- ☐ Impaired awareness / Loss of consciousness
- ☐ Tonic Clonic movements
- ☐ Behavioral change
- ☐ Confusion / Disorientation
- ☐ Loss of bladder or Bowel function

Episodes of possible neurological dysfunction — differentiation:

- ☐ Non-epileptic / Functional episode
- ☐ Nocturnal episode

Known epilepsy:

- ☐ Characterizing the nature of a patient's seizures
- ☐ Assessing seizure activity in response to treatment
- ☐ Possible cardiac component to episodes (syncope, presyncope, palpitations or asymptomatic arrhythmia with an expected frequency of greater than once per week)

Medications:

- ☐ Epilepsy medication
- ☐ Non-epilepsy medication

Please complete relevant medical history on page 2.

Please outline the relevant medical history: