



Date of referral: _____

Have a family physician? Yes No

Requisition for Nerve Conduction Study/Electromyography Tests

First available

Referral to: Dr. Briemberg, Hannah Dr. Jack, Kristin Dr. Krieger, Charles
 Dr. Chapman, Kristine Dr. Khayambashi, Shahin Dr. Mezei, Michelle

Is this urgent? No Yes, please explain (required information) _____

Is this an inpatient? No Yes, location _____

Patient Surname:	First Name:	Phone #: Email:	Address:
PHN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other __	DOB: mm/dd/yyyy	City Province Postal Code
Height (cm):	Weight (kg)		
Is this a WCB claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		Claim #:	Date of injury:
Is this an ICBC claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ordering Physician Name: MSP#: _____		Phone #: Fax #:	Address:
Copy to Physician: MSP#: _____		Copy to Physician:	MSP#: _____

Brief History and Findings:

PLEASE ATTACH ALL RELEVANT INVESTIGATIONS AND CONSULT LETTERS:

- Consult letters from specialists attached Recent radiology reports attached
 Recent bloodwork results attached Translator required for language: _____

Clinical Diagnosis:

- Motor Neuron Disease/SMA Radiculopathy/Plexopathy
 Mitochondrial Disease Paresthesia Bilateral Left Right
 Weakness Upper Extremity Lower Extremity
 Myasthenia Gravis Myopathy/Muscular Dystrophy
 Acetylcholine receptor antibody study attached Other: _____

****Carpal Tunnel Plus Clinic****

*If your patient is experiencing symptoms of a **compression neuropathy**, complete the following section. This will enable access to an integrative practice unit with team-based specialist care, patient-oriented outcome measurement, and expedited access to surgery if indicated. Please attach fasting glucose and TSH if done.*

- Carpal Tunnel Syndrome Ulnar Neuropathy Fibular Neuropathy
 Right Left Bilateral

Please check all symptoms that apply

- Experiencing severe pain Objective weakness or wasting Failure of splints for 6 weeks
 Interference with daily activities Frequent nocturnal waking