Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

REQUEST FOR EMG CONSULTATION

ELECTROMYOGRAPHY **EMG REFERRAL** Department of Neurology Connell 7 **Fax: 613-548-1388** Dr. Michel Melanson Phone: 613-549-6666 x 2601 Dr. Marjorie Bagnas Phone: 613-549-6666 x 3263	**PATIENT INFORMATION** CR#: _____ SURNAME _____ First Name _____ Date of Birth (YYYY/MM/DD) _____ ☐ MALE ☐ FEMALE Health OHIP#: _____ Version_____ Address_____ City _____ Postal Code _____ Home #: _____ Work#:_____ Cell #: _____

Previous EMG: (Y / N) **Location:** _____ **Date:**_____
YYYY/MM/DD

Referring Physician Information *Please provide full name and Sign Requisition*

DR: _____ OHIP Billing #: _____

Phone # _____ FAX # _____

Physician's Signature _____ Date Requested: _____
YYYY/MM/DD

Please indicate:

- ☐ EMG/Nerve conduction Study
- ☐ Carpal Tunnel test (at PCH)
- ☐ Multiple nerves/limbs
- ☐ Brainstem Reflexes
- ☐ Neuromuscular transmission
- ☐ Quantitative EMG
- ☐ Single fibre EMG

Patient History: _____

_____

Neurological Signs: _____

_____

Provisional Diagnosis: _____

Indications for Test: _____

Medications: _____

_____

OFFICE USE:
EMG physician: Melanson / Other _____

Clinic Date (YYYY/MM/DD) _____ Time hhmm _____

_____