

Electromyography (EMG), Nerve Conductive Study (NCS) with Neuromuscular Neurology Consult Referral Form

BIRCHMOUNT HOSPITAL
3030 Birchmount Road, Scarborough
Phone: 416-495-2620
Fax: 416-495-2848

	Appointment Date: _____
	Appointment Time: _____
	Hospital: _____
	Referring Physician: _____
	Copies to: _____
	Interpretation Services Required: _____

1) Symptoms (please provide information re: symptom, side and site):

	(i) Symptom/sign	(ii) Side	(iii) Site	
	Tingling, numbness	Right	Neck/shoulder	Back/hip
	Pain	Left	Arm	Leg
	Weakness	Bilateral	Hand	Foot

2) Diagnosis to assess (check one or more, write in details):

	Carpal Tunnel Syndrome
	Ulnar Neuropathy
	Cervical Radiculopathy
	Lumbar Radiculopathy
	Peripheral Neuropathy
	Myopathy
	Other (please provide a brief history):

Please include prior relevant imaging reports and nerve conductive study test results

Physician signature: _____	Date: _____
Contact Number: _____	

Patient Preparation: Please do not apply lotions or creams to your skin on the day of your appointment and if possible minimize the amount of jewellery on your arms and hands.