

# NELSON NEUROPHYSIOLOGY SERVICES

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## REFERRAL FOR NEUROPHYSIOLOGICAL INVESTIGATION

Ref\_Received

Appointment

OurRef:

v21.04.15

Requested: **VideoEEG (Routine)** **VideoEEG (Sleep-deprived)** **VideoEEG (Sleep-dep'd & Sleep)**

[100mm x 25mm Patient Sticky Label]  
to include full name, DOB, NHI, address, GP details

Home Tel:

Mobile:

email:

### QUESTION FOR EEG:

**CLINICAL URGENCY** (please circle):

(max weeks) 9 8 7 6 5 4 3 2 1 (0 = on demand)

**STATUS** (please circle): OP/ IP Walking/Wheelchair

If IP, details of contact staff:

**HISTORY:** alteration of awareness?, full description especially of any aura, duration of history, localisation and time of day or night. Any known triggers? Other investigations planned:

**PREVIOUS HISTORY:** Birth trauma?, Infantile convulsions?, Head injury (and treatment)?, ECT?, CVAs?, MS or any other pathology?

**INFECTION RISKS** (if none stated, will assume none):

**FAMILY HISTORY** especially seizures, cardiac, MS or any CNS disorder:

**ALL PRESENT MEDICATION** (with duration & doses):

**OTHER RELEVANT INFORMATION** - previous investigations, IQ, next OP appt date, compliance, co-operation etc:

**Funding** (please circle): NMDHB Other\_DHB NZDF Patient (self)

Requesting **Consultant** (printed)

Requesting Doctors' **Signature and Date**

Authorising Officers' **Signature and Date**