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

8611

Electromyography EMG Referral

Department of Neurology, EMG
Kingston General Hospital, Connell 7

Tel: 613-549-6666 x 62601
Fax: 613-548-1388

PATIENT INFORMATION

Name: _____
DOB (yyyy/mm/dd): _____
Health Card#: _____
MRN: _____
Telephone:_____
Address: _____
_____ Postal Code: _____

Service Requested:

- ☐ Electromyography (EMG) / Nerve Conduction Studies (NCS)
- ☐ Repetitive Nerve Stimulation ± Single-Fibre EMG

For Carpal Tunnel studies, please refer to Providence Care Hospital EMG/NCS Clinic

Previous EMG: (Y / N) Clinic Location: _____ Date: _____
yyyy/mm/dd

Patient History: _____

_____

Neurological Signs: _____

_____

Provisional Diagnosis: _____

Indications for Test: _____

Medications: _____

Please forward any relevant blood work, imaging (MRI, CT, ultrasound), and consultation notes.

Referring Health Practitioner Information *Please provide full name and sign the requisition*

Name: _____ Billing Number: _____

Phone: _____ Fax: _____

Practitioner's Signature: _____ Date (yyyy/mm/dd): _____

OFFICE USE: Neuromuscular Neurologist: Melanson / Bagnas / Other _____

Clinic Date (yyyy/mm/dd) _____ Time (hhmm) _____