

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



**Markham
Stouffville
Hospital**
Oak Valley Health

**Neurological Consultation with
EMG/NCS Referral
Department of CRS Electrodiagnosis**

Markham Stouffville Hospital Booking Line: 905-472-7020
Fax: 905-472-7078

Urgent **Routine**

Hospital MRN #: _____
Patient Name (Last, First): _____
Date of Birth (DD/MM/YYYY): _____ Sex: F M
Health Card #: _____ Version Code: _____
<input type="checkbox"/> WSIB # _____ <input type="checkbox"/> Non OHIP (Self-pay) or Refugee
Tel # (Best Daytime): _____ Alt#: _____
Email: _____

Date	Referring MD	Signature	MD Phone #
CPSO #	Billing #	Language Preferred	Name & number of interpreter to help schedule appointment, if available

Additional copies to:

Choose one: We suggest that repeat evaluations are performed by the same Neurologist.

- | | |
|--|--|
| <input type="checkbox"/> First available Neurologist | <input type="checkbox"/> Dr. Hamza Jalal |
| <input type="checkbox"/> Dr. Caroline Geenen | <input type="checkbox"/> Dr. Ben Hui |
| <input type="checkbox"/> Dr. David Kim | |

Please attach relevant lab work/radiology reports

Past Medical History

Current Medications

Anticoagulation: Yes No Pacemaker/ICD: Yes No

Clinical Problem

Symptoms (Please check)

Side:

Site:

- | | | | |
|--|--------------------------------|--|-------------------------------|
| <input type="checkbox"/> Tingling/numbness | <input type="checkbox"/> Right | <input type="checkbox"/> Neck/Shoulder | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Left | <input type="checkbox"/> Arm | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Both | <input type="checkbox"/> Hand | <input type="checkbox"/> Back |

Duration of Symptoms _____

Please remind Patients of the following instructions:

- Warm limbs are essential for accurate testing. Wear gloves on cool days.
- Do not put lotions or creams on area to be tested.
- Patients are contacted and reminded of their appointments by our staff. Except for unexpected emergencies, patients will be charged if notice of cancellation is not received 24 hours before appointment.

