

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



**Markham
Stouffville
Hospital**
Oak Valley Health

**EMG/NCS with Neurological Consultation
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:

This is a referral ONLY for Neuromuscular Disorders with Neurological Consultation. We do not offer EMG testing for the face, eyes, or genitalia or single fiber EMG for conditions like Myasthenia Gravis. We are unable to provide assessments for legal, disability, insurance (e.g. motor vehicle collisions) or Workers Compensation claims.

Choose one: First available Neurologist Dr. David Kim Dr. Ben Hui
 Dr. Caroline Geenen Dr. Hamza Jalal Dr. Jia Ren Chai

Any prior EMG studies? Yes No If yes, who did prior study? _____

Past Medical History

Current Medications

Anticoagulation: Yes No Pacemaker/ICD: Yes No

Clinical Problem (Please attach relevant lab work/radiology reports)

Symptoms (Please check)	Side:	Site:	
<input type="checkbox"/> Tingling/numbness	<input type="checkbox"/> Right	<input type="checkbox"/> Neck/Shoulder	<input type="checkbox"/> Back
<input type="checkbox"/> Pain	<input type="checkbox"/> Left	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg
<input type="checkbox"/> Weakness	<input type="checkbox"/> Both	<input type="checkbox"/> Hand	<input type="checkbox"/> Foot
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.

