

***NOTE: Incomplete and / or unsigned requisitions will be returned!

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

MARKHAM STOUFFVILLE HOSPITAL CORPORATION
EMG/NERVE CONDUCTION STUDY
Department of CRS Electrodiagnosis

Markham Site Booking Line: (905) 472-7601 Fax: (905) 472-7621

Hospital MRN #: _____

Patient Name: _____
Last First

Date of Birth: _____ Sex: **F** **M**
Day Month Year

Health Card # _____ Version Code: _____

Telephone # Home: _____

Other Telephone #: _____

Appointment Date & Time: _____

Date:	Referring MD	Signature	MD Phone #
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Additional Reports to:

Choose one: Dr. Caroline Geenen **Choose one:** Consultation with EMG/NCS
 Dr. David Kim **or**
 Either Neurologist EMG/NCS alone - **State nerves and muscles to be tested**

Please attach relevant lab work/radiology reports _____

Past Medical History

Current Medications

if on coumadin	INR	Date

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. Expect for unexpected emergencies, patients will be charged if notice of cancellation is not received 24 hours before appointment.

