

NOTE: Incomplete and / or unsigned requisitions will be returned

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

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

Markham Site Booking Line: (905) 472-7020  
Fax: (905) 472-7078

- Urgent**
- Routine**

PLEASE PRINT CLEARLY  
OR AFFIX LABEL WITH COMPLETE INFORMATION

Hospital MRN #: \_\_\_\_\_  
Patient Name (Last, First): \_\_\_\_\_  
Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Sex: F M  
Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_  
Telephone # (Best Daytime): \_\_\_\_\_  
Alternate #: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Contact information for translator if required (Name & Number):

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

<input type="checkbox"/> First available Neurologist	<input type="checkbox"/> Dr. Dale Robinson
<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**


<b>Symptoms (Please check)</b>	<b>Side:</b>	<b>Site:</b>	
<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.

