enable medical

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Optional Referral Form – Electromyography & Nerve Conduction Studies

Date: ______________

Is this urgent? ☐ No ☐ Yes, please explain & call to confirm receipt: ________________________________

Patient Information

Patient Name	DOB (mm/dd/yyyy)	PHN: Gender: ☐ M ☐ F ☐ Other ________
Address	Phone Number: Email:	
☐ Translator required for language: ____________________	Is this a WCB / ICBC Claim? ☐ Yes ☐ No	Claim #: Date of Injury:

Referring Practitioner Information

Referring Practitioner	MSP #	Phone #: Fax #:
Address		
Copies to	MSP #	Phone #: Fax #:

Brief History & Findings

Please attach all relevant investigations and consult letters

☐ Current medications ☐ Allergies ☐ Medical & surgical history ☐ Bloodwork ☐ Radiology reports

☐ Investigations & reports including previous EMG / nerve conduction studies / consult letters from specialists

Clinical Diagnosis

☐ Carpal Tunnel Syndrome
☐ Bilateral ☐ Left ☐ Right

☐ Ulnar Neuropathy
☐ Bilateral ☐ Left ☐ Right

☐ Paraesthesia and / or ☐ Weakness
☐ Bilateral ☐ Left ☐ Right
☐ Arm(s) ☐ Hand(s) ☐ Finger(s)
☐ Leg(s) ☐ Foot / feet

☐ Radiculopathy
☐ Polyneuropathy

☐ Other
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