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? If yes, please ask the patient to bring a translator. ☐ Yes ☐ No	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**