

**Patient Details (or patient label) DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neuro Diagnostic Unit**

**Building B, Ground Floor**

**Clinical Details**

**Referring Doctor MUST complete this section**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Box Hill Hospital**

**51 Nelson Road, Box Hill 3128**

**Tel: 9895 4639**

**Fax: 9895 4610**

**Email:** **ndu@easternhealth.org.au**

**Request for:**

**EEG**

Routine EEG 

Sleep Deprivation EEG 

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELECTROPHYSIOLOGY**

Routine Nerve Conduction studies/EMG 

***MUST Complete the following:***

* Is patient on Warfarin/anti-coagulant? YES/NO
* Does Patient have a pacemaker? YES/NO

Evoked responses (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ****

**NEURO DIAGNOSTIC UNIT**

***If your appointment is at Box Hill Hospital***, please follow the instructions below:-

**Building B (Old Box Hill Hospital), Ground Floor**

**51 Nelson Road, Box Hill 3128**

* If you come in from Building A(Main Entrance, Arnold St)

From level 1, walk through to Building B by either taking the stairs down to Ground Fl or take the Lift to Ground Floor. Follow signage. We are near the South end of Building B.

**OR**

* If you come in from Building B(Nelson Road Entrance)

Enter and veer left. Follow signage. We are near the South end of Building B.

***If your appointment is at Maroondah Hospital***, please follow the instructions below:-

**Neurosciences**

**Maroondah Hospital**

**Davey Drive**

**Ringwood East 3134**

* Go to Physiotherapy Department waiting area. Have a seat and wait to be called by one of our clinicians.

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