Description: cid:image004.jpg@01D2DED1.93FAE430

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**](mailto: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.

|  |  |
| --- | --- |
| C:\Documents and Settings\hongy\Local Settings\Temp\Temporary Internet Files\Content.IE5\UJ7Z3VPJ\qUioz[1].png | *If you have English Language difficulties and wish to make enquiries from home, you can contact us directly by using the Telephone Interpreter Services 13 1450. Interpreter services are provided free of charge* |