



CAIRNS

NEUROPHYSIOLOGY

EEG REQUEST

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FAX: (07) 4031 6043
EMAIL: info@cairnsneuro.com.au
ADDRESS: Suite 2D Flecker House
5 Upward Street, Cairns 4870
ABN: 38412587686

Patient details

Name:
DOB:
Address:
Contact details:

Clinical Details: EEG request

(Question to be answered by EEG)

- URGENT NON-URGENT
 Routine Sleep Deprived

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Drugs which may affect EEG.
Antiepileptic:
Sedatives:
Antipsychotic:
Psychiatric:

List other Medications Here:

- Healthcare/Pension Card Holder
 Please note if there are any intellectual or physical disabilities which may affect the ability to comply with test.

Referring Doctor Details:

- Please tick if you would like notification of the intended appointment date