CAIRNS
NEUROPHYSIOLOGY
NCS • EMG • EEG

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Cairns Neuro Referral

Date of Referral:

Patient Name	**D.O.B**
Address	
Phone Number	
Email	

Electroencephalography (EEG) Request	**Nerve Conduction Study/Electromyography Request**	
□ Routine EEG	□ R CTS	□ R Ulnar
□ Sleep Deprived EEG	□ L CTS	□ L Ulnar
□ Infant Nap EEG	□ Bilateral CTS	□ Bilateral Ulnar
□ Prolonged (3 hours) EEG	□ Peripheral Neuropathy	□ Radiculopathy
□ Ambulatory 24 hour EEG	□ Other	
	*we are unable to conduct nerve tests on patients with pacemakers/ defibrillators	

Clinical History:

Medications:

□ Antiepileptics □ Sedatives □ Antipsychotics □ Anticoagulants	Others:

Referring Doctor & Practice Details:

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