

|  |  |
| --- | --- |
| **Clinical Neurophysiology**  **Referral for Nerve conduction and EMG studies** | **Department of Clinical Neurophysiology**  **The Glanville Centre**  **Salisbury District Hospital**  **Salisbury**  **Wiltshire**  **SP2 8BJ**  **Tel: 01722 336262 ext 2432**  **Fax: 01722 429064**  **Email:** [sft.neurophysiology@nhs.net](mailto:sft.neurophysiology@nhs.net) |

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital no. |  | NHS no. |  |
| Surname |  | Forenames |  |
| Previous Surname |  | Title |  |
| Date of Birth |  | Sex | Male  Female |
| Address  Post code |  | Home tel. no. |  |
| Work tel. no. |  |
| Mobile tel. no. |  |

**Referral Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Named Consultant/GP |  | Date of referral |  |
| GP Practice/ Department |  | | |
| Patient Type | Out Patient  In Patient  Ward | | |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required? | Yes |  | No |  |  | | Wheelchair access required? | Yes |  | No |  |
| Language: |  | | | | |  | |  | | | |
| Communication & Accessibility Needs: | Hearing: | | | | | Learning Disability: | |  | | | |
| Vision: | | | | | Other Disability: | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

**Clinical Information:**

|  |  |
| --- | --- |
| Length of time since symptoms began |  |
| Description of symptoms | |
| Distribution of symptoms | |
| **Provisional Diagnosis** |  |
| Is the patient diabetic? | Yes  No |
| Is the patient taking an anticoagulant? | Yes  No |
| Mobility | Ambulant  Chair  Bed |
| **Medication / Treatment received:** | **Relevant PMH:** |

|  |
| --- |
| Incomplete request forms will be returned |