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| **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 |

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital no. |  | NHS no. |  |
| Surname |  | Forenames |  |
| Previous Surname |  | Title |  |
| Date of Birth |  | Sex | Male [ ]  Female [ ]  |
| AddressPost 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:** |

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| Incomplete request forms will be returned |