Government of South Australia
SA Health

Southern Adelaide Local Health Network

NEUROPHYSIOLOGY REQUEST FORM

(MR72A)

Site: FLINDERS MEDICAL CENTRE (FMC)

Affix patient identification label in this box

UR No: ....

Surname: ....

Given Name: ....

Second Given Name: ....

D.O.B: .... Sex: ....

Telephone: 08 8204 4187 **Facsimile: 08 8204 6932**

☐ A/Prof David Schultz	☐ Dr YiZhong Zhuang	☐ Dr Karyn Boundy	☐ Dr Kerrie-Anne Chen (Paediatric EEG)
☐ Dr Joseph Frasca	☐ Dr Emma Whitham	☐ Dr Siew Lee Shu	☐ Dr James Triplett
☐ Dr Lesley-Ann Hall	☐ A/Prof Robert Wilcox	☐ A/Prof Mark Slee	☐ Dr Anthony Khoo
			☐ Dr Lavenia Cagi

Patient details

☐ Outpatient Clinic..	Family Name:
☐ Inpatient ☐ Specify Ward..........................	Given Name(s):
Patient's Clinical Notes:	Address:
	Date of birth: __ __ / __ __ / __ __ __ __
	Gender: ☐ Male ☐ Female
	Medicare No:
	Home Phone:
☐ Infectious precautions (e.g.VRE / MRSA)	Mobile:
☐ Patient requires two person assistance	☐ Ambulant ☐ Chair ☐ Bed

Form has dual purpose—Scan as
Referral **Out** –**Sending Referrer** Service
Referral **In** – (select Speciality) –**Receiving** Service/Clinic

Procedure/study required

☐ Routine EEG (Electroencephalogram) ☐ VER (evoked potential/blink responses)

☐ Specialised EEG.. ☐ Botulinum toxin (neurology consult required)

☐ EMG/ nerve conduction study

☐ Carpal tunnel	☐ Right	☐ Left	☐ Bilateral
☐ Ulnar	☐ Right	☐ Left	☐ Bilateral
☐ Lateral Popliteal	☐ Right	☐ Left	☐ Bilateral

☐ Facial Nerve palsy ☐ Radiculopathy/Plexopathy

☐ Myopathy ☐ Peripheral neuropathy

☐ Motor Neurone Disease ☐ Other ....

Please complete all details below. Unsigned, undated, incomplete & illegible forms will be returned.

Referral

Referring Doctor (please print)	Referring Doctor signature
Address:	Provider number:
	FMC pager number:
Phone: Fax:	Date: __ __ / __ __ / 2 0 __ __

SALHN

April 2025

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Please use black ballpoint pen when completing this form