|  |  |  |
| --- | --- | --- |
| **Clinical neurophysiology**  **referral for nerve conduction and EMG studies** | |  | | --- | | **Department of Clinical Neurophysiology**  **University Hospital NHS Trust**  **Tremona Road**  **Southampton**  **Hampshire**  **SO16 6YD**  **Tel: 02381206785**  **Email: neurophysiologyadmin@uhs.nhs.uk** | |

**Patient details:**

|  |  |
| --- | --- |
| NHS no. |  |
| Surname |  | Forenames |  |
| Previous surname |  | Title |  |
| Date of birth |  | Sex | Male ☐ Female ☐ |
| Address  Postcode |  | Home tel. no. |  |
| Work tel. no. |  |
| Mobile tel. no. |  |

**Referral details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring doctor |  | Date of referral |  |
| Referring department and address |  | | |
| Patient type | Outpatient ☐ Inpatient ☐ Ward | | |

**Clinical information:**

|  |  |
| --- | --- |
| Length of time since symptoms began |  |
| Description 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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| **Consultant grading comments (hospital use only)** |