REQUISITION

◯ ROUTINE ◯ URGENT

FOR ELECTRODIAGNOSTIC (EMG) CONSULTATION

REFERRING PHYSICIAN | BILLING#

OFFICE ADDRESS

PHONE # | FAX # | DATE OF REFERRAL

COPIES TO

PATIENT INFO

FIRST NAME | LAST NAME | MIDDLE NAME | M ◯ F ◯

PATIENT PHN | D.O.B. DD/MM/YY

PHONE NUMBER | EMAIL ADDRESS

SYMPTOMS

◯ RT ◯ LT

- ◯ NUMBNESS/TINGLING
- ◯ WEAKNESS
- ◯ BURNING PAIN
- ◯ MUSCLE ATROPHY
- ◯ ELEVATED CREATININE KINASE (CK)
- ◯ CRAMPS/FASCICULATIONS
- ◯ MYALGIA
- ◯ FATIGUE
- ◯ DYSPHAGIA
- ◯ OTHER:

POSSIBLE DIAGNOSES

- ◯ CARPAL TUNNEL SYNDROME/MEDIAN NEUROPATHY
- ◯ CUBITAL TUNNEL SYNDROME/ ULNAR NEUROPATHY
- ◯ RADIAL NEUROPATHY
- ◯ PERIPHERAL NEUROPATHY
- ◯ CERVICAL RADICULOPATHY (LEVEL: _____)
- ◯ LUMBAR RADICULOPATHY (LEVEL: _____)
- ◯ PERONEAL NEUROPATHY
- ◯ MOTOR NEURON DISEASE/ALS
- ◯ MYASTHENIA GRAVIS
- ◯ MYOPATHY
- ◯ OTHER:

MEDICATIONS

HISTORY + CLINICAL FINDINGS

neurologik clinic

Dr. C. Preet Chahal, FRCPC

Dr. Harina Chahal, FRCPC

ADULT NEUROLOGY +

NEUROMUSCULAR MEDICINE

REFERRAL FAX
604.553.7001

APPOINTMENT NOTIFICATION WILL BE FAXED BACK

OUR ADMINISTRATION WILL NOTIFY PATIENTS WHICH LOCATION THIER APPOINTMENT IS SCHEDULED FOR.

Tel: 604.553.7000
Fax: 604.553.7001

TWO LOCATIONS

305-233 Nelson's Crescent
New Westminster, BC
V3L 0E4

300-20033 64 Avenue,
Langley, BC V2Y 1M9

neurologikclinic.com