St. Paul's Hospital
DEPARTMENT OF DIAGNOSTIC NEUROPHYSIOLOGY
Providence Building Room 2369 -
1081 Burrard Street, Vancouver, BC
Tel: 604-806-8646 Fax: 604-806-8624

EMG / NERVE CONDUCTION STUDIES REQUISITION

PATIENT INFORMATION (Print clearly)

☐ **URGENT** (within 2 weeks)

☐ **NON-URGENT**

Surname: _____

First: _____ Middle: _____

PHN: _____ ☐ **WSBC:** _____ ☐ **ICBC:** _____

DOB: _____ **Gender:** ☐ Male ☐ Female
(month/day/year)

Address: _____

City: _____ **Postal Code:** _____

Telephone Home: _____ Work/Cell: _____

Referring Dr: _____ MSP#: _____

Date of Referral: _____ Referring Dr FAX number: _____

Copies to: _____

HISTORY AND CLINICAL FINDINGS

_____

_____

_____

Tentative Diagnosis: _____

Medication(s): _____

_____

Allergies/Sensitivities: _____

Patient's Special Needs (if any): _____

Previous Study: (EMG / imaging) _____

Physician's Signature: _____

APPOINTMENT BOOKING

Date Requisition Received: _____

Date of Appointment: _____ Time: _____

With Dr. _____

Patient MUST confirm appointment <u>ONE WEEK IN ADVANCE</u> by calling 604-806-8646, or the appointment will be CANCELLED.

Thurlow Street
Comox Street
Access Lane
Burrard Street
Department of NEUROLOGY (EEG/EP/EMG) Room 2369
NEUROLOGY
CARDIAC ECHO
GASTRO-ENTEROLOGY
handiDart drop off
THURLOW ST. ENTRANCE
COMOX BUILDING
COMOX ENTRANCE
Elevators
St. Paul's Hospital
Level 2
RADIOLOGY (X-Ray, CT Scan, MRI)
PROVIDENCE BUILDING
LABORATORY (Blood Tests)
UP
UNDERGROUND PARKING ENTRANCE
BURRARD ST. ENTRANCE
BURRARD BUILDING
EMERGENCY ENTRANCE