SouthlakeHealth

596 Davis Drive
Newmarket, ON L3Y 2P9

Neurology Laboratories

Health Record #: _____ Complete or place barcoded patient label here

Patient Name: *(Print first, last)* _____

DOB: dd / mm / yy Age: _____ ❑ Female ❑ Male

OHIP #: _____ Version Code: _____

Account #: _____ Date of Admission: dd / mm / yy

Electromyography (EMG) / Nerve Conduction (NCS) Requisition

☐ OUT-PATIENT ☐ IN-PATIENT

Please fax to (905) 853-2211

Patient Name: *(print first, last)*		**Appointment Date:** dd / mm / yy
Address: Street Number + Name Apartment		**Appointment Time:**
City Province Postal Code		**Arrival Time:**
Health Card Number:	**Version Code:**	**Hospital Record #:**
Other Insurance:	**WSIB Number:**	**Date of Birth:** dd / mm / yy
Home: ( )	**Work/Other:** ( )	**Patient Weight:** _____ **kg**

☐ Routine EMG/NCS and consultation

☐ Complex EMG/NCS (Please select for neuromuscular junction disorders, motor neuron disease, or myopathy assessment)

Symptoms (please provide information re: symptom, side and site):

(i) Symptom/sign	(ii) Side	(iii) Site	
☐ Tingling, numbness	☐ Right	☐ Neck/shoulder	☐ Back/hip
☐ Pain	☐ Left	☐ Arm	☐ Leg
☐ Weakness	☐ Bilateral	☐ Hand	☐ Foot

Diagnosis to assess (check one or more, write in details):

Upper Limb	Lower Limb	Generalized Condition
☐ Carpal Tunnel Syndrome	☐ Peroneal Neuropathy	☐ Peripheral Neuropathy
☐ Ulnar Neuropathy	☐ Tibial Neuropathy	☐ Motor Neuron Disease
☐ Radial Neuropathy	☐ Sciatic Neuropathy	☐ Myopathy
☐ Brachial Plexopathy	☐ Lumbosacral Plexopathy	☐ Neuromuscular junction disorder (e.g. myasthenia gravis)
☐ Cervical Radiculopathy	☐ Lumbar Radiculopathy	

Reason for Referral:

☐ Relevant Consultation Notes
☐ Relevant Recent Bloodwork
☐ Prior Imaging (MRI, CT)

TO BOOK AN APPOINTMENT FAX COMPLETED REQUISITIONS TO (905) 853-2211

Physician Information:

Referring Physician: *(print first, last)*			**Date:** dd / mm / yy
Signature:	**CPSO #**	**Billing #**	**Office Phone:** ( )
Address:			**Fax Number:** ( )

Family Physician same as above ☐ **Yes** ☐ **No** **If no, please provide information below**

Family Physician: *(print first, last)*

Address:	**Office Phone:** ( )
	Fax Number: ( )

SL2729_05 (11/24) "Neurology Laboratories" Review (11/27)

SouthlakeHealth
Leading Edge Care. Close to Home.

596 Davis Drive
Newmarket, ON L3Y 2P9
T: 905-895-4521
F: 905-853-2211
southlake.ca

Neurology Laboratories

Electromyography (EMG) / Nerve Conduction (NCS) Requisition Patient Preparation and Information

IMPORTANT INFORMATION FOR EMG PATIENTS

- Please arrive 20 minutes before your test. Late arrivals may result in losing your appointment.
- Please bring your Health Card, this requisition and any other pertaining documents.
- Please ensure skin is clean and dry without lotions, oils, or creams.
- Please wear loose, comfortable clothing (please wear short sleeves and shorts to allow easy access).
- Please bring a list of your current medications. You may take your medication as usual.
- Wear warm gloves and socks on cool days as having cold hands or feet can affect the test.

NOTE: You will be undergoing a test using electrical stimulation of nerves and a recording needle in some muscles to diagnose your condition.

SL2729_05 (11/24) "Neurology Laboratories" Review (11/27)