

CLINICAL NEUROPHYSIOLOGY UNIT EEG REQUISITION

ROOM M1-600

TEL: (416) 480-4475 FAX: (416) 480-4674

Address:				
Telephone:	D.O.B.	1	/	
OHIP				
Hospital File No.				
Appt. Date:				
Time:				
EEG#				

Referring Physician: Physician Referral #: Phone Number: Fax Number: PATIENT LOCATION AND STUDY REQUESTED Outpatient Inpatient / Emergency (Indicate Unit): Expedited outpatient EEG (within 7 days of discharge) Routine EEG only Routine EEG only Routine (60-minute) inpatient EEG (critical care only) Prolonged (>60-minute) inpatient EEG (critical care only) Prolonged (>60-minute) inpatient video-EEG; If multiple 3-hour recordings desired, indicate number of days of recording: EP somatosensory auditory visual Study Urgency (required): 41-30 days	 MRSA + □ Respiratory Precautions □ Ambulatory □ Wheelchair □ Stretcher □ Ambulance Transfer 						
PATIENT LOCATION AND STUDY REQUESTED Outpatient Routine EEG + Sleep Deprived EEG (if routine normal) Routine EEG only Sleep Deprived EEG (if routine normal) Routine (80-minute) inpatient EEG (critical care only) Prolonged (>60-minute) inpatient video-EEG; Duration: Prolonged (>60-minute) inpatient video-EEG; Duration: Nedical History: Does the patient have a cardiac arrhythmia? YES NO No Neuroimaging: Medications: Referring Physician Signature	Referring Physician:	Physician Referral #:					
□ Outpatient □ Inpatient / Emergency (Indicate Unit): □ □ Expedited outpatient EEG (within 7 days of discharge) □ Routine EEG + Sleep Deprived EEG (if routine normal) □ Routine EEG only □ Routine (30-minute) inpatient EEG □ Sleep Deprived EEG only □ Routine (60-minute) inpatient EEG (critical care only) □ Prolonged (>60-minute) inpatient video-EEG; If multiple 3-hour recordings desired, indicate number of days of recording : □ □ EP □ somatosensory □ auditory □ visual Study Urgency (required): □ (14 days □ 30-60 days □ other: □ □ 14-30 days □ >60 days □ NO Medical History: Does the patient have a cardiac arrhythmia? □ YES □ NO Neuroimaging: Medications: □ Denzodiazepine or □ other sedative Referring Physician Signature	Phone Number:	Fax Number:					
☐ Routine EEG + Sleep Deprived EEG (if routine normal) ☐ Expedited outpatient EEG (within 7 days of discharge) ☐ Routine EEG only ☐ Routine (30-minute) inpatient EEG ☐ Sleep Deprived EEG only ☐ Routine (60-minute) inpatient EEG (critical care only) ☐ Prolonged (>60-minute) inpatient video-EEG; If multiple 3-hour recordings desired, indicate number of days of recording: ☐ Prolonged (>60-minute) inpatient video-EEG; ☐ Duration: ☐ Duration: ☐ 4-30 days ☐ 30-60 days ☐ 14-30 days ☐ >60 days Medical History: Does the patient have a cardiac arrhythmia? ☐ YES ☐ NO Neuroimaging: Medications: Denzodiazepine or ☐ other sedative Referring Physician Signature Referring Physician Signature	PATIENT LOCATION AND STUDY REQUESTED						
□ Routine EEG only □ Routine (30-minute) inpatient EEG □ Sleep Deprived EEG only □ Routine (60-minute) inpatient EEG (critical care only) □ 3-hour prolonged video-EEG; □ Prolonged (>60-minute) inpatient video-EEG; If multiple 3-hour recordings desired, indicate number of days of recording: □ Prolonged (>60-minute) inpatient video-EEG; □ Last Duration: □ Prolonged (>60-minute) inpatient video-EEG; □ Duration: □ Duration: □ YES Under State Duration: □ No □ Study Urgency (required): □ No □ 14-30 days □ >60 days □ 14-30 days □ >60 days □ No □ No Is this patient have a cardiac arrhythmia? □ YES □ No □ No Neuroimaging: □ No Medications: □ Denzodiazepine or □ other sedative Referring Physician Signature	☐ Outpatient	☐ Inpatient / Emergency (Indicate Unit):					
Sleep Deprived EEG only	☐ Routine EEG + Sleep Deprived EEG (if routine normal)	☐ Expedited outpatient EEG (within 7 days of discharge)					
□ 3-hour prolonged video-EEG; □ Prolonged (>60-minute) inpatient video-EEG; If multiple 3-hour recordings desired, indicate number of days of recording: □ EP somatosensory auditory visual Study Urgency (required): □ <14 days	☐ Routine EEG only	☐ Routine (30-minute) inpatient EEG					
If multiple 3-hour recordings desired, indicate number of days of recording: EP somatosensory auditory visual Study Urgency (required): <14 days	☐ Sleep Deprived EEG only	☐ Routine (60-minute) inpatient EEG (critical care only)					
days of recording: EP somatosensory _ auditory visual Study Urgency (required): <14 days	☐ 3-hour prolonged video-EEG;	☐ Prolonged (>60-minute) inpatient video-EEG;					
□ EP somatosensory auditory visual Study Urgency (required):	If multiple 3-hour recordings desired, indicate number of	Duration:					
Study Urgency (required): <14 days 30-60 days other:	days of recording :						
	EP somatosensory auditory visual						
□ 14-30 days □ >60 days Medical History: Does the patient have a cardiac arrhythmia? □ YES □ NO Is this patient often agitated or combative? □ YES □ NO Neuroimaging: Medications: □ benzodiazepine or □ other sedative NEONATAL: Referring Physician Signature	Study Urgency (required):						
Medical History: Does the patient have a cardiac arrhythmia?	☐ <14 days ☐ 30-60 days ☐ other:						
Does the patient have a cardiac arrhythmia?	☐ 14-30 days ☐ >60 days						
Is this patient often agitated or combative?	Medical History:						
Is this patient often agitated or combative?							
Neuroimaging: Medications: Denzodiazepine or other sedative Referring Physician Signature	Does the patient have a cardiac arrhythmia? YES	□ NO					
Medications: Denzodiazepine or Other sedative	Is this patient often agitated or combative? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	□ NO					
NEONATAL : Referring Physician Signature	Neuroimaging:						
NEONATAL : Referring Physician Signature							
NEONATAL :	Medications:	☐ benzodiazepine or ☐ other sedative					
GA: <u>wks</u> SVD CSec Date Referral Sent:	NEONATAL :	Referring Physician Signature					
	GA: wks SVD CSec	Date Referral Sent:					

Instructions for Sleep deprived and Prolonged EEG Testing

- Remain Awake All Night Prior To EEG
- Take your medications as prescribed
- No beverages containing caffeine
- Arrange driver to and from appointment
- Please have clean hair with no products



PR 30109 (2014/02/03

