



Neurophysiology Laboratory
30 The Queensway
3rd Floor - M Wing - Room 3M03
Toronto ON M6R 1B5
P: 416-530-6119 F: 416-530-6360

Please attach patient addressograph or fill in below

Full Name: _____

DOB: _____

OHIP #: _____

Address: _____

Telephone: _____

SJHC J#:

ELECTROENCEPHALOGRAPHY (EEG) REQUISITION

ORDERING PHYSICIAN	SERVICE REQUESTED	ASSESS FOR
Name: _____	<input type="checkbox"/> EEG	<input type="checkbox"/> seizures/epilepsy
Billing #: _____	<input type="checkbox"/> Sleep-Deprived EEG	<input type="checkbox"/> dementia/ encephalopathy
Phone #: _____		<input type="checkbox"/> other
Fax #: _____		

ADDITIONAL CLINICAL INFORMATION	INDICATE SIDE OF BRAIN AFFECTED BY:	LEFT	RIGHT
	<input type="checkbox"/> SKULL DEFECT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> STROKE	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> HEMORRHAGE	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> TUMOUR	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> MALFORMATION	<input type="checkbox"/>	<input type="checkbox"/>	

Signature _____ Date _____



please detach & give to patient

PATIENT INSTRUCTIONS - EEG Test at St. Joseph's H.C.

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1. Please bring a list of your current medications with you. This includes prescription medications, over-the-counter medications, vitamin or mineral supplements and herbal remedies.
2. You may eat a normal diet and take your medications as prescribed by your doctor.
3. Shampoo and dry your hair before the appointment. Do not apply gels, hair spray, oils etc. to your hair. Braids of your own hair are allowed, but weaves and extensions must be removed.
4. Please bring your own comb/brush as this is not provided.
5. Please arrive 15 minutes before your scheduled appointment time to register.
6. To cancel your appointment, two business days' notice is required. Please call 416-530-6119.