



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#: _____

ELECTROMYOGRAPHY (EMG) & NERVE CONDUCTION STUDY (NCS) REQUISITION

REFERRING PHYSICIAN

Name: _____

Billing #: _____

Phone #: _____

Fax #: _____

CHECKLIST FOR REFERRING PHYSICIANS

Please forward the following with your referral:

☐ Relevant recent bloodwork

☐ Prior imaging (MRI, CT)

☐ Relevant consultation notes

REFERRAL TO

☐ First Available Neurologist

OR

☐ Dr. _____

SERVICE REQUESTED

☐ EMG/NCS with Neuromuscular Consultation

☐ Repetitive Nerve Stim. & Single-Fibre EMG
with Neuromuscular Consultation
for suspected myasthenia gravis

ASSESS FOR

Side

☐ Carpal Tunnel Syndrome L R

☐ Ulnar Neuropathy L R

☐ Cervical Radiculopathy L R

☐ Lumbar Radiculopathy L R

☐ Polyneuropathy

☐ Myasthenia Gravis

☐ Other please specify in "relevant history"

RELEVANT HISTORY / REASON FOR REFERRAL

Note: time course of symptoms is very important

Signature _____ Date _____

✂
please detach & give to patient

PATIENT INSTRUCTIONS - EMG/NCS Test at St. Joseph's H.C.

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1. Please bring a list of your current medications. You may take your medications as usual.
2. Please wash the area to be tested (hands/feet) with soap and water on the morning of your EMG.
3. Do not apply any creams, lotions, or ointments to your hands/feet on the day of your EMG.
4. Wear warm gloves and socks on cool days as having cold hands or feet will affect the test.
5. Please arrive 15 minutes before your scheduled appointment time to register. If you are late, we will have to re-schedule your appointment, causing a delay of at least 2-3 months.
6. To cancel your appointment, two business days' notice is required. Please call 416-530-6119.