The Neuromuscular Diseases Unit
Vancouver Hospital & Health Sciences Center
2775 Laurel St., Vancouver, BC, V5Z 1M9
Phone: (604) 875-4405 Fax: (604)875-5867

Date of referral:

Requisition for Nerve Conduction Study/Electromyography Tests

Referral to:
- ☐ First available
- ☐ Dr. Briemberg, Hannah
- ☐ Dr. Chapman, Kristine
- ☐ Dr. Jack, Kristin
- ☐ Dr. Khayambashi, Shahin
- ☐ Dr. Krieger, Charles
- ☐ Dr. Mezei, Michelle

Is this urgent? ☐ No ☐ Yes, please explain (required information) _____
Is this an inpatient? ☐ No ☐ Yes, location _____

Patient Surname: First Name:		Phone #: Email:	Address:
PHN: Height (cm):	Gender: ☐ M ☐ F Weight (kg):	DOB: mm/dd/yyyy	City Province Postal Code
Is this a WCB claim? Is this an ICBC claim?	☐ Yes ☐ No ☐ Yes ☐ No	Claim #:	Date of injury:
Ordering Physician Name:	MSP#:	Phone #: Fax #:	Address:
Copy to Physician:	MSP#:	Copy to Physician:	MSP#:

Brief History and Findings:

PLEASE ATTACH ALL RELEVANT INVESTIGATIONS AND CONSULT LETTERS:

- ☐ Consult letters from specialists attached
- ☐ Recent bloodwork results attached
- ☐ Recent radiology reports attached
- ☐ Translator required for language: _____

Clinical Diagnosis:

- ☐ Peripheral Neuropathy
- ☐ Carpal Tunnel Syndrome
  - ☐ Bilateral ☐ Left ☐ Right
- ☐ Mitochondrial Disease
- ☐ Muscular Dystrophy
- ☐ Myasthenia Gravis
  - ☐ Acetylcholine receptor antibody study attached
- ☐ Motor Neuron Disease/SMA
- ☐ Paresthesia ☐ Bilateral ☐ Left ☐ Right
  - ☐ Arm(s) ☐ Hand(s) ☐ Finger(s) ☐ Leg(s) ☐ Foot/Feet
- ☐ Myopathy
- ☐ Radiculopathy/Plexopathy
- ☐ Ulnar neuropathy
- ☐ Other: _____