

**Patient Details (or patient label) DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neuro Diagnostic Unit**

**Building B, Level 2**

**Clinical Details**

**Referring Doctor MUST complete this section**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Box Hill Hospital**

**8 Arnold Street, Box Hill 3128**

**Tel: 9895 4639**

**Fax: 9895 4610**

**Email:** **ndu@easternhealth.org.au**

**Request for:**

**🞏**Inpatient **🞏**Outpatient

**EEG**

Routine EEG **🞏**

Sleep Deprivation EEG **🞏**

**ELECTROPHYSIOLOGY**

Routine Nerve Conduction studies/EMG **🞏**

***MUST Complete the following:***

* Is patient on Warfarin/anti-coagulant? YES/NO
* Does Patient have a pacemaker? YES/NO

Evoked responses (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **🞏**

For **Box Hill Hospital** appointments, please follow the instructions below.

Preferred entrance, Building B. Level 2, 51 Nelson Road, Box Hill 3128

* Upon entering Building B

Through foyer, take the lifts to your left – Lift B to Level 2

Follow signage to 2 North and 2 South

The Neuro Diagnostic Unit is located between 2 North and 2 South

Alternative entrance Building A. 8 Arnold Street, Box Hill 3128

* Upon entering Building A, Level 1

Walk through to Building B via corridor past the Zouki Café towards HealthSmart Pharmacy

At Pharmacy (you are now in Building B) turn right and take Lift B or stairs to Level 2

Follow signage to 2 North and 2 South

The Neuro Diagnostic Unit is located between 2 North and 2 South

For **Maroondah Hospital** appointments**,** please follow the instructions below:

Main hospital entrance, Davey Drive, Ringwood East

* Upon entering main foyer, proceed along central corridor and present to Allied Health Department reception.

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| C:\Documents and Settings\hongy\Local Settings\Temp\Temporary Internet Files\Content.IE5\UJ7Z3VPJ\qUioz[1].png | *If you have English Language difficulties and wish to make enquiries from home, you can contact us directly by using the Telephone Interpreter Services 13 14 50. Interpreter services are provided free of charge.* |