



hunterneurology

clinical & neurodiagnostic services

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Patient Details

name: _____ date: _____ / 20

address: _____

p: _____ m: _____ f: _____

email: _____

medicare no: _____ d.o.b: _____

please tick

Services Requested

- Evaluation for nerve conduction studies (EMG)
- please specify syndrome in "Clinical Details"
- Neuropathy assessment
- "large-fibre" & "small-fibre" peripheral studies with proximal conduction studies
- Facial neurophysiological testing
- including trigeminal reflexes and thermal threshold testing
- Assessing Restless legs syndrome (RLS)
- differentiating primary from secondary RLS
- Assessing focal sensory or pain syndromes
- eg focal neuropathies, radiculopathies, neuralgias
Please specify sites:
 Face Trunk
 Arms Legs
- Quantitative reflex testing
- assessing radiculopathies, central motor syndromes

please tick

- Dizziness assessment (Vestibular Function Testing)
- incorporating audiometry, auditory and vestibular evoked responses and caloric testing
- EEG examinations
 - routine EEG
 - sleep-deprived EEG (following a routine EEG)
 - prolonged EEG (following a routine EEG)
- Neurophysiology of memory-cognitive dysfunction
- EEG and Event-Related Potentials to evaluate MCI (mild cognitive impairment) or dementia

EVOKED RESPONSES (select modalities/sites below)

- Somatosensory (SSEPs)
 - Upper limbs Lower limbs
- Visual evoked responses (VERs)
- incorporating screening perimetry
- Auditory brainstem responses (BAERs)
- Vestibular evoked responses (VEMPs)
 - Cervical VEMPs Ocular VEMPs

Clinical Details

Medications

Doctor Details

doctor: _____ date: _____ / 20

address: _____

p: _____ m: _____ f: _____

signature: _____ prov no: _____