Comprehensive EEG Service

Neurologists:
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hunterneurology

Appointments please call - 4963 7837

Patient Details

name: d.o.b

address:

p: m: referral approved: Yes No

email:

medicare/dva no: workcover: 3rd party insurance:

EEG - ADULT

Please Tick One

- ◯ **Routine EEG (Adult)** *(for known or possible epilepsy, seizures, myoclonus or funny turns)*
- ◯ **Prolonged EEG (Adult)** *(for unexplained loss of consciousness, drop attacks, tics, cognitive or behavioural disorders, pseudoseizures, other brain disorders)*
- ◯ **Sleep-Deprived EEG**

EEG - PAEDIATRIC (0-16yrs)

Please Tick One

- ◯ **Routine EEG (Paed)**
- ◯ **Sleep-Deprived EEG (Paed)**

Ambulatory EEG - ADULT

Referrals without an indication of monitoring duration can not be processed

Duration ◯ *1 day (24-27 hours)*

Previous EEG ◯ *Yes* ◯ *No*

If "Yes" ◯ *normal* ◯ *Abnormal*

Indication for AEEG

Please select at least one

- ◯ **Investigating episodic neurological dysfunction:**
  - ◯ *syncope, loss of consciousness*
  - ◯ *impaired awareness*
  - ◯ *convulsive activity or seizures*
    - ◯ *presumed epilepsy*
    - ◯ *sleep episodes*
    - ◯ *non-epileptic episodes*
  - ◯ *confusion, behavioural change, amnesia*
- ◯ **Assessing treatment responses:**
  - ◯ *clinical seizures still occurring*
  - ◯ *subclinical seizures suspected*

Clinical Details:

Doctor Details

doctor: date:

address:

p: m: copy to:

Signature: prov. no: