

DEPT OF CLINICAL NEUROPHYSIOLOGY

kch-tr.neurophysiology@nhs.net

0203 299 3151

ELECTROMYOGRAPHY

Patient Details			
NHS Number:		Address Line 1:	
Surname:		Address Line 2:	
Forename(s):		Address Line 3:	
DOB:		Postal Code:	
Phone number(s):		Email(s):	
GP Details			
GP Name		City:	
Address Line 1:		Postal Code:	
Address Line 2:		Phone Number:	
Details of Referring Location			
Outpatient / Inpatient Request			
Hospital / NHS Trust		Current consultant:	
Speciality / Ward		Email Address to send report@nhs.net
For In-patient Requests			
Can the patient be transported to Kings neurophysiology dept?			
Is the patient travelling in a chair or on a bed/trolley?			
Ward Contact Number			
Junior Doctor Contact Number / email			
Request			
Clinical details and specific question to be answered: <i>(If space insufficient please attach clinic letter)</i>			
Bleeding risk? (warfarin, low platelets, liver failure etc)			
Does patient have a pacemaker / Implantable Cardiac Defibrillator?			
infection control issues e.g. MRSA, VRE, C.diff.			

Referrer Information			
Ordered By:		Date Submitted:	
Contact Number:		Occupation	

- Additional Information for Myasthenia / Neuromuscular Junction (AP to insert field)

This request should be submitted electronically: kch-tr.neurophysiology@nhs.net