King's College Hospital NHS
NHS Foundation Trust

DEPT OF CLINICAL NEUROPHYSIOLOGY

ELECTROENCEPHALOGRAM - OUTPATIENT			
Patient Information			
Surname:		Referring Trust / Location:	
Forename(s):			
DOB / Age:		Current Consultant:	
NHS Number:			

Patient Address			
Address Line 1:		Country:	
Address Line 2:		Postal Code:	
Address Line 3:		Phone Number:	
Details of Referring Location			
Speciality / Ward		Email Address to send report (must be NHSnet)	@nhs.net
GP Address			
GP Name		City:	
Address Line 1:		Phone Number:	

Test required:		**Test description**
Routine EEG*	☐	20 min recording – patient may come unaccompanied.Total test duration 60 mins
Sleep EEG*	☐	60 mins recording – Sedation is given (Seconal in adults – Melatonin in children) Patients must come accompanied
Day-case*	☐	3-6 hour recording in the department for seizure classification – for patients with high seizure frequency >5 per day.
Activation Clinic*	☐	For patients with a high clinical suspicion of non-epileptic seizures – Consultant led service with suggestion, video EEG and seizure review
Inpatient Video-telemetry*	☐	For presurgical evaluation or seizure classification requiring drug reduction or polysomnography, requires hospital admission (3-5 days)
HVT (Home-video-telemetry)*	☐	For seizure classification, no hospital admission is required -electrode placement either in the patient's home or in the hospital, 3 days of home recording for seizure classification for all age groups. Particularly suitable for children, patients with severe learning difficulties or to assess domestic trigger factors Suitable for non-respiratory polysomnographies. Daily home visits by a technician

Clinical Details	(mandatory fields)
Clinical Question:	
Presenting Symptoms: (including duration and frequency of attacks)	
Past Medical History: (including head injury, learning difficulties, developmental milestones, meningitis, encephalitis, psychiatric history)	
Relevant Treatment: (eg AED, psychotropic medication)	
Family history of epilepsy:	
Relevant Investigations (eg. previous EEGs, Brain scans,)	

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

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

Submit