



Referral form for Nerve Conduction Studies, EMG (Electromyography), Single Fibre EMG/Repetitive Stimulation, Microneurography and Central Motor Conduction Times

Patient details

NHS no

First name/Surname

DoB

(Note that fields outlined
in red are mandatory)

Phone no

Email

Address

Postcode

Gender

GP name

GP Practice name
and address

Referrer details

Referring organisation

Referral source

Inpatient/Outpatient

If Inpatient, which ward?

Current consultant

email address for report

Guidance on EMG and NCS

The following EMG/NCS orders are available. Choose the option with the highest number appropriate to the clinical situation, and add a comment if there is a more specific issue.

1. Carpal Tunnel Syndrome screening
2. Upper limb simple NCS - usually ulnar or other single nerves.
3. Upper and lower limb NCS - generalised neuropathies.
4. NCS/EMG. Any situation where needle EMG is likely to be needed to look for denervation or myopathy.
5. SFEMG - for suspected neuromuscular junction disorders.
6. Microneurography - for small fibre or sympathetic dysfunction.
7. Paediatric EMG - any request for patients aged 16 or less.
8. CMCT - for suspected disorders of the corticospinal tracts.

Select required test:

Routine	NHS	Ambulant	Issues to note? e.g. infection control, anticoagulation
Urgent	PP	Chair	
		Stretcher/Bed	

Reason for study:

Clinical details:

(If space
insufficient
attach clinic
letter)

If MG is suspected, then
pyridostigmine must be
discontinued for at least
8h before testing, if
clinically safe.

Referrer details: Name:

Role:

Contact email:

Phone:

Date:

This form should be submitted electronically. Note that if your system does not have a default mail handler the submit button will not work, and you will need to save, attach and send to: kch-tr.neurophysiology@nhs.net