

# DEPARTMENT OF NEUROPHYSIOLOGY

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## NEUROPHYSIOLOGY REQUEST FORM

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED  
Send completed forms to: neuro@cromwellhospital.com

**STICK PATIENT LABEL OR COMPLETE SECTIONS**

**FORENAMES:**

**SURNAMES:**

**DOB:**

**MRN/ HOSPITAL NUMBER:**

**ADDRESS:**

**CONTACT NO:**

**SEX:** M  F

**EMAIL:**

<b>ELECTROENCEPHALOGRAPHY (EEG)</b> <input type="checkbox"/> 51900 EEG-Routine (Hyperventilation & Photic stimulation)** <input type="checkbox"/> 551988 Sleep EEG-Daycase (4-6 hours) <input type="checkbox"/> 551977 Portable EEG (Inpatients only) <input type="checkbox"/> 551926 Video-Telemetry specify number of days: PLEASE SELECT <input type="checkbox"/> 551090 Ambulatory-EEG <input type="checkbox"/> NFM Neurological Full Montage (Combines Video-EEG+Polysomnography) PLEASE SELECT		<b>EVOKED POTENTIALS (EP)</b> <input type="checkbox"/> 551800 Somatosensory Evoked Potential (SEP) upper OR lower <input type="checkbox"/> 551805 SEP upper AND lower <input type="checkbox"/> 551630 Brainstem/auditory evoked Potential <input type="checkbox"/> 551740 Visual evoked Potential (VEP) Pattern (full fields) <input type="checkbox"/> 551750 VEP- Pattern (full & hemi-fields) <input type="checkbox"/> 551730 VEP- Flash with surface ERG	
<b>HOME-ELECTROENCEPHALOGRAPHY</b> <input type="checkbox"/> 558007 Home Video-Telemetry <input type="checkbox"/> 558010 Home Video-Ambulatory EEG <input type="checkbox"/> 558010 Home Video-Telemetry with Polygraphy <input type="checkbox"/> 558008 Home Video-Polysomnography **Please gain informed verbal consent prior to referral for sleep deprivation, photic stimulation and hyperventilation studies.		<b>ELECTROMYOGRAPHY (EMG)</b> <input type="checkbox"/> 551930 EMG & nerve conduction studies <input type="checkbox"/> 551999 Nerve conduction studies only <input type="checkbox"/> 552037 EMG & nerve conduction studies with Botulinum Toxin	
<b>REASON FOR REFERRAL:</b>			
<b>MEDICAL HISTORY &amp; CLINICAL DETAILS:</b>			
<b>MEDICATION:</b>			
<b>CONSULTANT/PHYSICIAN'S</b>		<b>RETURN OF RESULTS CONTACT:</b>	
<b>DATE</b>			

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Author	Neurophysiology Department	Page: 1		Next Review	June 2024