

SOUTH EAST WALES CLINICAL NEUROPHYSIOLOGY SERVICE

SURNAME	FIRSTNAME	CONSULTANT (Full surname)			
		REFERRING HOSPITAL			
		SPECIALTY/DEPT			
ADDRESS		DATE OF BIRTH	INPATIENT OUTPATIENT	WARD	
				EXT No	
POSTCODE					
HOSPITAL NUMBER		PATIENT TELEPHONE NUMBER			
<i>Tests explained overleaf</i>					
Standard EEG	<input type="checkbox"/>	EMG	<input type="checkbox"/>	Adult ERG	<input type="checkbox"/>
Sleep EEG	<input type="checkbox"/>	NCS	<input type="checkbox"/>	Children's ERG	<input type="checkbox"/>
24 hr EEG	<input type="checkbox"/>	SSEP	<input type="checkbox"/>	VEP	<input type="checkbox"/>
Prolonged Video EEG	<input type="checkbox"/>			Visual Fields	<input type="checkbox"/>

The patient/parent/guardian agrees to the following procedures being performed during the EEG.

	Yes	No
Hyperventilation	<input type="checkbox"/>	<input type="checkbox"/>
Photic-stimulation	<input type="checkbox"/>	<input type="checkbox"/>

PROVISIONAL DIAGNOSIS AND REASON FOR REFERRAL - PLEASE PROVIDE A COPY OF ORIGINAL CONSULTATION LETTER. ESSENTIAL FOR PROLONGED, 24 HOUR, SLEEP EEG AND ERG REQUESTS

ADDITIONAL INFORMATION

For EEG: state

- 1) Date of last seizure
- 2) Number of seizures in last month
- 3) Medication

Adult ERG: Is there any contraindication to mydriasis with Tropicamide? YES / NO

<p>ARE STAFF CONSIDERED TO BE AT RISK FROM THIS PATIENT? YES / NO</p> <p><i>This information will be treated in strict confidence and will only be used to protect staff who may be at risk</i></p>
<p>THE TEST INVOLVES SKIN ABRASION. IS THERE A KNOWN OR SUSPECTED RISK OF HEPATITIS B/C, HIV, MRSA, JCD? IF YES, PLEASE SPECIFY.....</p> <p><i>This information will be treated in strict confidence and will only be used to protect staff who may be at risk</i></p>

ALL INFORMATION IS ESSENTIAL. INCOMPLETE FORMS WILL RESULT IN DELAYS TO PROCESSING THE REFERRAL AND MAY BE RETURNED

<p>I have explained the potential risks of activation procedures. <i>Only medical staff can sign this form.</i></p>	
<p>DATE.....</p>	<p>SIGNED.....</p>

Standard EEG	1¼ hour patient time, ½ hr recording
VEP*	Visual Evoked Potentials. Pattern or flash if poor acuity. 1 hr duration approx.
Children's ERG*	Electroretinogram. Skin electrodes used. VEP performed simultaneously. Flash stimulus only. 1 hr duration approx.
SSEP	Somatosensory Evoked Potentials. Poor diagnostic yield so only after discussion with department. 1 hr duration approx.
EMG/NCS	Electromyogram/nerve conduction studies. ½ hr for simple NCS to 1 hr for more complicated cases. Can be painful. Involves needles. State if on warfarin.
Myometry*	Measurement of muscle power. Takes 20 minutes. Of value in assessing progress in treated myopathies.
Visual Fields*	Perimetry or Bjerrum. 15 minutes each. Patient concentration and cooperation required.

The following tests can only be requested by a consultant. Full clinical details, preferably the original consultant letter, will be required.

Adult ERG*	Full electroretinogram with corneal foil electrodes including pattern and flash responses to white, blue and red. White flicker and EOG. Requires mydriatics so patient unable to drive afterwards. Takes 2½ hrs.
Sleep EEG	Natural sleep following sleep deprivation. Patient time 7 hrs. 3-4 hrs recording.
24 hr EEG	Prolonged video monitoring is superior in most situations, particularly NEAD.
Prolonged video EEG	Continuous video monitoring from 9am-4pm or until 2 attacks captured. The investigation of choice if seizure frequency >1/week and standard EEG is normal.

FOR VEM, MSLT AND ERG PLEASE ASK FOR APPROPRIATE FORMS 029 2074 3194

*** Test performed at UHW**