

ST JOSEPH'S

HEALTH CENTRE TORONTO
 Neurophysiology Laboratory
 30 The Queensway
 3rd Floor - M Wing - Room 3M03
 Toronto ON M6R 1B5
 P: 416-530-6119 F: 416-530-6360

Please attach patient addressograph or fill in below

Full Name: _____

DOB: _____

OHIP #: _____

Address: _____

Telephone: _____

SJHC J#: _____

ELECTROENCEPHALOGRAPHY (EEG) REQUISITION

ORDERING PHYSICIAN Name: _____ Billing #: _____ Phone #: _____ Fax #: _____	SERVICE REQUESTED <input type="checkbox"/> EEG <input type="checkbox"/> Sleep-Deprived EEG	ASSESS FOR <input type="checkbox"/> seizures/epilepsy <input type="checkbox"/> dementia/ encephalopathy <input type="checkbox"/> other
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ADDITIONAL CLINICAL INFORMATION Signature _____ Date _____	INDICATE SIDE OF BRAIN AFFECTED BY:	LEFT	RIGHT
	<input type="checkbox"/> SKULL DEFECT	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> STROKE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> HEMORRHAGE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> TUMOUR	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> MALFORMATION	<input type="checkbox"/>	<input type="checkbox"/>

 please detach & give to patient **PATIENT INSTRUCTIONS - EEG Test at St. Joseph's H.C.**
 Neurophysiology Laboratory 3rd Floor - M Wing - Room 3M03

1. Please bring a list of your current medications with you. This includes prescription medications, over-the-counter medications, vitamin or mineral supplements and herbal remedies.
2. You may eat a normal diet and take your medications as prescribed by your doctor.
3. Shampoo and dry your hair before the appointment. Do not apply gels, hair spray, oils etc. to your hair. Braids of your own hair are allowed, but weaves and extensions must be removed.
4. Please bring your own comb/brush as this is not provided.
5. Please arrive 15 minutes before your scheduled appointment time to register.
6. To cancel your appointment, two business days' notice is required. Please call 416-530-6119.