

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO NEUROPHYSIOLOGY

- Your patient will be mailed an appointment

Neurophysiology Fourth Floor, Neurosciences, Centre Block, The Alfred

Enquiries T 03 9076 2059 F 03 9076 5075 E neurophysiology@alfred.org.au

NOTE

If a neurology consultation is required, do not complete this referral
Refer to Specialist Clinics T 03 9076 2025 F 03 9076 6938

<https://alfredhealth.org.au/images/resources/referral-forms/The-Alfred-Specialist-Consulting-Clinics-referral-form.pdf>

Patient Details

*mandatory fields

Family Name*		Given Name*	
Date of Birth*		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Address		Telephone	
Medicare No		Reference No	Expiry
<input type="checkbox"/> Bulk Bill <input type="checkbox"/> DVA <input type="checkbox"/> Other		<input type="checkbox"/> TAC <input type="checkbox"/> WorkCover Claim No	
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language	
Aboriginal or Torres Strait Islander			
Cultural considerations			
Disabilities			
Contact Person	Name		
	Relationship	Telephone	

Test/s required

<input type="checkbox"/> EMG / Nerve Conduction Study	<input type="checkbox"/> EEG Routine Study	<input type="checkbox"/> EEG Three Hour Study
	<input type="checkbox"/> EEG Sleep deprived	<input type="checkbox"/> EEG Ambulatory Study
	<input type="checkbox"/> EEG Long Term Monitoring (Neurologist referral only)	
<input type="checkbox"/> SER <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Autonomic Study	<input type="checkbox"/> Botox (neurological disorders only)
<input type="checkbox"/> Visual Evoked Response	<input type="checkbox"/> Other	

Clinical Notes

If referral urgent, provide clinical details

Medication – attached a list

Referrer Details		Date of Referral	Provider No
Name		Telephone	
Fax		Email	
Address			
Copies to			
Referral period	<input type="checkbox"/> 3 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> Indefinite (Botox only)

Return referral to neurophysiology@alfred.org.au