UHS logo 360 x 34

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| --- | --- |
| **Clinical neurophysiology**  **referral for EEG** | **Department of Clinical Neurophysiology**  **University Hospital NHS Trust**  **Tremona Road**  **Southampton**  **Hampshire**  **SO16 6YD**  **Tel: 023 8120 6785**  **Email: uhs.neurophysiology@nhs.net** |

**Patient details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital no. |  | NHS no. |  |
| Surname |  | Forenames |  |
| Previous Surname |  | Title |  |
| Date of Birth |  | Sex | Male  Female |
| Address  Post code |  | Home tel. no. |  |
| Work tel. no. |  |
| Mobile tel. no. |  |

**Referral details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Named Consultant/GP |  | | | Date of referral | |  |
| GP Practice/ Department |  | | | | | |
| Patient Type | Out Patient | In Patient | Ward | | | |
| Test required | Routine | Sleep-deprived | Ambulatory | |  | |

**Clinical information:**

|  |  |
| --- | --- |
| Length of time since symptoms began |  |
| Description of events (seizure semiology and frequency) |  |
| Family history |  |
| Past history of head injury? If yes please give details | Yes  No |
| Relevant results from other tests  MRI /CT scan  CSF studies etc |  |
| **Provisional diagnosis** |  |
| Mobility | Ambulant  Chair  Bed |
| **Medication:** | **Relevant PMH:** |

**Consultant grading comments (UHS consultants only)**