

|  |  |
| --- | --- |
| **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 [ ]  |
| AddressPost 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)**