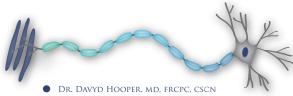


Neuromuscular & Electrodiagnostic Clinic



One Morley Avenue Winnipeg, MB R3L 2P4 P. 204-478-6399 F. 478-6409

AT RIVERVIEW HEALTH CENTRE

REFERRAL FAX: 478-6409

| REFERRING PHYSICIAN: | Phone: | FAX: |
|---|--|---|
| CLINIC ADDRESS: | | |
| Signature: | Date: | |
| PATIENT NAME:,,,,,,, | city SC/PHIN: | POSTAL CODE |
| WEAKNESS MUSCLE ATROPHY ELEVATED CREATINE KINASE (CK) MUSCLE CRAMPS MYALGIA FASCICULATIONS NUMBNESS TINGLING BURNING PAIN FATIGUE DOUBLE VISION (DIPLOPIA) DYSPHAGIA OTHER: | MEDIAN NEUR ULNAR NEUR ULNAR NEUR RADIAL NEUR PERONEAL NE TIBIAL NEURO BRACHIAL OR TRAUMATIC N COMPLEX: POLYNEUROPA MYOPATHY | RADICULOPATHY ROPATHY (EG. CARPAL TUNNEL SYNDROME) DPATHY OPATHY UROPATHY PATHY (EG. TARSAL TUNNEL SYNDROME) LUMBOSACRAL PLEXOPATHY EUROPATHY THY ON DISEASE (EG. ALS) GRAVIS (STROPHY RIAL DISEASE |
| NEUDOWIISCHI AD CONSULTATION ONI | · · · · · · · · · · · · · · · · · · · | |
| NEUROMUSCULAR CONSULTATION ONLY * * (Please submit any previous clinic notes and pertinent investigations) | | |
| | | |
| NERVE CONDUCTION STUDIES/ELECTROMYOGRAPHY (EMG) ONLY * | | |

(PLEASE SUBMIT A DETAILED HISTORY INCLUDING NEUROLOGIC EXAMINATIONS AND INVESTIGATIONS)