

Bella Vista Medical Specialists

Neurophysiology & Botulinum Toxin Referral Form

Address: Bella Vista Medical Specialists, Suite 106B, Q Central, 10 Norbrik Drive, Bella Vista NSW 2153

Attention: Dr Sameen Haque (Consultant Neurologist & Neurophysiologist)

Appointment Date: _____ Appointment Time: _____

Patient Details

- Name: _____
- Date of Birth: _____
- Address: _____
- Phone: _____
- Medicare Number: _____

Reason for Referral / Clinical Indication

Brief Clinical Summary

(Include relevant history, examination findings, imaging, prior treatments)

Requested Service

- Neurophysiology Studies (NCS/EMG)
- Botulinum Toxin Therapy
- Both

Neurophysiology Studies (NCS/EMG)

Please tick suspected/indicated condition(s):

- Carpal Tunnel Syndrome (CTS)

- Peripheral Neuropathy
 - Radiculopathy
 - Plexopathy
 - Myopathy/Myositis
 - Motor Neurone Disease / Anterior Horn Cell Disorder
 - Neuromuscular Junction Disorder
 - Other: _____
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Botulinum Toxin Therapy

Indication(s):

- Chronic Migraine
 - Dystonia
 - Hemifacial Spasm
 - Myofascial Pain
 - Trigeminal Neuralgia (TGN)
 - Spasticity
 - Hyperhidrosis
 - Hypersalivation (Sialorrhoea)
 - Other: _____
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Referring Doctor Details

- Name: _____
 - Practice: _____
 - Provider Number: _____
 - Phone/Fax: _____
 - Signature: _____
 - Date: _____
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Attachments

- Relevant Imaging
- Pathology Results
- Previous Neurophysiology Reports
- Medication List