



northern  
beaches  
neurology

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Northern Beaches Hospital

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Name: \_\_\_\_\_

Select if relevant:

Contact No: \_\_\_\_\_

Pensioner/Health care card

D.O.B: \_\_\_\_\_

NBH/ED referral (bulk-billed)

Consultation

Electroencephalography (EEG):  Routine  Sleep-deprived

Nerve conduction studies / EMG:  Routine  Single-fibre EMG

Evoked potentials:  Visual  Brainstem auditory

Somatosensory (specify lower/upper or both limbs)

Vestibular function tests

Nerve and muscle ultrasound (nerve injury, neuropathy, myopathy):

Specify body region/s: \_\_\_\_\_

Botulinum toxin treatment:  Migraine  Cervical dystonia

Hemifacial spasm / blepharospasm

Spasticiy  Hyperhidrosis

**Clinical information:** (specify nature of symptoms, timing of onset, list medications)

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

Provider No: \_\_\_\_\_ Date: \_\_\_\_\_ Contact No: \_\_\_\_\_