



northern beaches neurology

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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: _____