



## Patient Referral Form

Fax referrals to: (02) 7228 8339

Email referrals to: [bookings@nnpl.com.au](mailto:bookings@nnpl.com.au)

Telephone: (02) 7228 8333

Suite 504, SAN Clinic  
185 Fox Valley Road, WAHROONGA NSW 2076

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

### Referral for:

☐ Neurology Consultation

☐ Nerve Conduction Study and Consultation ☐ NCS Only

☐ Electromyography

☐ Carpal Tunnel Test

☐ Peripheral Neuropathy

☐ Other Indication: \_\_\_\_\_

☐ Sensory Evoked Potentials (Upper Limbs)

☐ Sensory Evoked Potentials (Lower Limbs)

☐ Auditory Evoked Potentials

☐ Visual Evoked Potentials

☐ Electroencephalogram (EEG) (routine)

☐ Electroencephalogram (EEG) (Sleep Deprived)

☐ Neuropsychological Assessment

☐ Botulinum Toxin Injection:

☐ Chronic Migraine

☐ Hemifacial/Blepharospasm

☐ Cervical Dystonia

☐ Hyperhidrosis:

☐ Axillary

☐ Other: \_\_\_\_\_

Clinical Notes: \_\_\_\_\_

### Patient Details:

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

☐ Normal/Private

Address: \_\_\_\_\_

☐ Pension

Date of Birth: \_\_\_\_\_

☐ Workers Comp

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_