



# Northern Neuroscience

## 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: \_\_\_\_\_

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### 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: \_\_\_\_\_