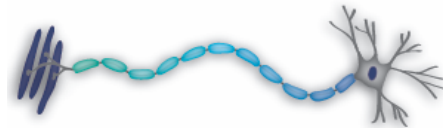


**NEUROMUSCULAR and  
ELECTRODIAGNOSTIC  
CLINIC**

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CLINIC ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_  
(DD/MMM/YYYY)

PATIENT NAME: \_\_\_\_\_ PATIENT PHONE: \_\_\_\_\_  
LAST FIRST

PATIENT ADDRESS: \_\_\_\_\_  
STREET CITY POSTAL CODE

PATIENT DOB: \_\_\_\_\_ MHSC/PHIN: \_\_\_\_\_  
(DD/MMM/YYYY)

**NEUROMUSCULAR CONSULTATION & NERVE CONDUCTION STUDIES/ELECTROMYOGRAPHY (EMG)**

**SYMPTOMS**

- WEAKNESS
- MUSCLE ATROPHY
- ELEVATED CREATINE KINASE (CK)
- MUSCLE CRAMPS/MYALGIAS
- FASCICULATIONS
- NUMBNESS/TINGLING
- FATIGUE/EXERCISE INTOLERANCE
- DOUBLE VISION (DIPLOPIA)
- DYSPHAGIA
- OTHER: \_\_\_\_\_

**SUSPECTED DIAGNOSES**

- ROUTINE UPPER EXTREMITY**
  - CARPAL TUNNEL SYNDROME
  - ULNAR NEUROPATHY
  - CERVICAL RADICULOPATHY
  - TRAUMATIC NEUROPATHY (SINGLE NERVE)
  - RADIAL NEUROPATHY (WRIST DROP)
- ROUTINE LOWER EXTREMITY**
  - LUMBOSACRAL RADUCULOPATHY
  - PERONEAL NEROPATHY
  - TARSAL TUNNEL SYNDROME (TIBIAL NERVE)
  - TRAUMATIC NEUROPATHY (SINGLE NERVE)
- COMPLEX:**
  - POLYNEUROPATHY
  - MYOPATHY/MUSCULAR DYSTROPHY
  - MOTOR NEURON DISEASE (e.g. ALS)
  - MYASTHENIA GRAVIS
  - BRACHIAL PLEXUS INJURY

**NOTES**

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