DEPARTMENT OF DIAGNOSTIC NEUROPHYSIOLOGY
1B10 – 4480 OAK STREET
VANCOUVER, BC V6H 3V4
PHONE: 604-875-2124 / FAX: 604-875-2656
www.bcchildrens.ca

REQUISITION FOR EEG

(To be completed fully and legibly by referring physician)

NAME:
DOB:
GENDER: M / F
HOSPITAL #:
PHN:
ADDRESS:

PHONE NUMBER(S):

ISOLATION: RESPIRATORY / ENTERIC / MRSA
TRANSLATOR: N / Y Language: ____________________

ALL PATIENTS MUST BE SLEEP DEPRIVED FOR THIS TEST UNLESS OTHERWISE INDICATED
(For more information visit Clinical, Family & Diagnostic Services at www.bcchildrens.ca)

REASON FOR EEG (CHECK AS MANY AS APPLY)

TO DETERMINE:
- ❑ IF EVENT(S) ARE SEIZURES *
- ❑ SEIZURE TYPE *
- ❑ EPILEPSY SYNDROME
- ❑ ? SUBCLINICAL SEIZURES *
- ❑ ? NON-CONVULSIVE STATUS *
- ❑ NEW SEIZURE TYPE *

TO EVALUATE:
- ❑ SEIZURE CONTROL FOLLOW-UP
- ❑ CHANGE IN MEDICATION
- ❑ RECURRENCE OR INCREASE IN SEIZURES

OTHER:
- ❑ REPEAT EEG FOR SLEEP
- ❑ TO CAPTURE AN EVENT *
- ❑ DECREASED LOC – CAUSE UNDETERMINED
- ❑ ? ENCEPHALOPATHIC
- ❑ OTHER please indicate *

*** BRIEF DESCRIPTION OF SEIZURE(S)/EVENT(S) IN QUESTION:**

____

____

AUTISM/AUTISTIC SPECTRUM DISORDER: N / Y Additional information: ______________________

CURRENT MEDICATION(S): ____

ARE YOU LOOKING FOR ANYTHING SPECIFIC: ☐ NO ☐ YES IF YES, SPECIFY: ______________________

ANY PROCEDURE(S) CONTRAINDICATED: ☐NO ☐ YES IF YES, SPECIFY: ______________________

PREVIOUS EEGS (DATE): ____________________ WHERE PERFORMED: ______________________

SEDATION REQUIRED: ○ NO ○ YES (all sedation patients must be sleep deprived)

- Appointments for patients requiring sedation are available on selected days.
- Chloral Hydrate (30-50 mg/kg to a maximum of 1500 mg) will be given unless indicated below.

ALTERNATE SEDATION: ○ NO ○ YES (Prescription and administration must be arranged by the referring physician.)

I have discussed / received consent from the patient/parent for this procedure.

SIGNATURE OF REFERRING PHYSICIAN: ______________________ M.D.

MSP Billing #: ______________________

SEND REPORTS TO: ____

00055534 – (94495) Revised May 2015