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Paediatric Neurophysiology Request

For EEG, NCS/EMG, evoked potentials and paediatric sleep studies. Complete the clinical question and preparation risks.

ROUTINE REFERRAL URGENT: use established telephone liaison and acute-care pathways

1. CHILD AND CAREGIVER

Child's full name	**Date of birth** YYYY-MM-DD
Caregiver full name	**Mobile number**
Email	**Medical aid and member number** if applicable

2. REFERRER AND REPORT ROUTE

Referring clinician name and professional role	**Practice number**
Practice or facility	**Telephone**
Secure email for report	**Copy report to** authorised clinician only

3. REQUESTED STUDY

[ ] Routine EEG	[ ] Sleep-deprived EEG
[ ] Prolonged EEG	[ ] Video EEG
[ ] Ambulatory EEG	[ ] Nerve conduction studies
[ ] EMG	[ ] Visual evoked potentials
[ ] Auditory evoked potentials	[ ] Paediatric sleep study
[ ] Other neurophysiology: _____	[ ] Please advise most suitable study

Clinical question the study should answer

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4. EVENT OR SYMPTOM DESCRIPTION

Describe the events or symptoms
Include semiology, weakness distribution, sleep symptoms or sensory pathway concern as relevant.

Onset and frequency

Typical duration and recovery

Known triggers

Date of most recent event

Relevant examination findings and differential diagnosis

5. MEDICINES, SAFETY AND PREPARATION

Current medicines and doses
Do not instruct families to stop medication unless a documented plan has been agreed.

[ ] Seizure rescue plan	[ ] Bleeding disorder / anticoagulant
[ ] Implanted device	[ ] Skin infection near test site
[ ] Respiratory concern	[ ] Severe sensory / behavioural intolerance
[ ] Mobility or transfer support	[ ] Interpreter required

Additional preparation or safety information

6. RELEVANT RESULTS AND SIGNATURE

Previous EEG, NCS/EMG, imaging, laboratory, genetic or sleep-study results

[ ] Reports attached	[ ] Imaging available
[ ] Safe event video available	[ ] Caregiver informed

Referrer signature

Date
YYYY-MM-DD

SEND receptionist@draajalloh.com **ENQUIRIES** 011 431 2051 | WhatsApp 067 450 5891