

## Electrodiagnostic Medicine (EMG) Referral Form

Dr. David Ruggles MD, FRCPC  
Physical Medicine and Rehabilitation

Kingston Ear Institute  
2724 Princess St.  
Kingston, ON K7P 2W6  
Ph: 613-650-1545 Fax: 613-531-0674

Patient Demographics/Sticker:

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

D.O.B.: \_\_\_\_\_

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

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

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

Date of referral: \_\_\_\_\_ Referring Physician/NP: \_\_\_\_\_

Urgency: Routine      Semi-urgent      Urgent      Reason \_\_\_\_\_

Reason for Referral/Referral Question:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant Clinical Information:

	Present	Location
Numbness/Paraesthesias		_____
Weakness/Atrophy		_____
Pain		_____
Other Neuro Symptoms		_____

Relevant Past Medical History (**Also please attach most current cumulative patient profile**):

	Present	Details (if any)
Diabetes		_____
Rheumatologic/Auto-immune condition		_____
Cancer/chemotherapy		_____
Alcohol		_____
Other possibly relevant		_____
Previous relevant surgeries		_____

Relevant Investigations to date if any (**Please attach results**):

Labs                      Imaging

Referring Physician/NP Signature: \_\_\_\_\_