Neurosciences QUEENSLAND

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ROUTINE EEG REFERRAL FORM (MBS 11000)

Test: ☐ 30 Minute Routine EEG ☐ Sleep-deprived EEG

Priority: ☐ ASAP ☐ At patient's convenience

Type of invoice: ☐ Medicare mixed billing ☐ Private Pay ☐ DVA ☐ Other

This section must be completed for the referral to be processed. By submitting this referral, I confirm that this request complies with the MBS criteria for Item 11000.

PATIENT DETAILS

Name ____

D.O.B (min 12 years) ______________________________ Email ________________________________

Phone ____

Address ____ Gender _____________

Medicare no. ___________________________________ Ref __________ Expiry __________

Next of Kin (NOK) Phone ____

REFERRER DETAILS (consultant details if referred by registrar)

Referring Doctor: ______________________________

Referrer's provider number: ______________________

Referrer's signature: ___________________________

Email or Fax details: ___________________________

☐ Medical Objects

Please provide details of any additional health care providers who will require a copy of the EEG report.

cc Doctor: ______________________________

Clinic: _________________________________

Email or Fax details: _____________________

☐ Medical Objects

DATE OF REFERRAL: ______________________

MONITORING DETAILS

Why is a routine EEG required?

Prior test results / Other previous investigations

Description of seizure / event

Any Epilepsy Medication ________________________

Non-Epilepsy Medication ________________________

Frequency of seizure / event ___________________

Additional clinical information

Does the patient have an epilepsy diagnosis? ☐ No ☐ Yes

Has the patient had previous EEG monitoring? ☐ No ☐ Yes

MEDICAL HISTORY:

☐ Acute respiratory distress syndrome (ARDS)

☐ Asthma

☐ Cerebrovascular accident (CVA)

☐ Chronic obstructive pulmonary disease (COPD)

☐ Increased intracranial pressure

☐ Moyamoya disease

☐ Myocardial infarction (MI)

☐ On supplemental oxygen

☐ Pregnancy (third trimester 24 wks / 6 wks)

☐ Sickle cell anaemia

☐ Surgery (including transplants)

☐ Transient ischaemic attacks (TIA)