

LGH Neuromuscular Clinic Lion's Gate Hospital

231 15th St. E, North Vancouver, BC V7L 2L7

Date of referra				
Referral to:	Requisition for Nerve Cor	duction Study/Ele ☐ Dr. Nadim Jiwa	ctromyography Tests Dr. Sarah Kaiway First available	
Is this urgent Is this an inpa	? No Yes, please explain (req	uired information)		
Patient Surna	ame: First Name:	Phone #:	Address:	
		Email:		
PHN:	Gender: M	F DOB: mm/dd/yyyy	City Province Postal Code	
Is this a WCl Is this an ICI		No No Claim #:	Date of injury:	
Ordering Physician Name: MSP#:		Phone #:	Address:	
		Fax #:		
Copy to Phys	sician: MSP#:	Copy to Physician:	MSP#:	
	Brief I	History and Findings:		
	PLEASE ATTACH ALL RELEVA	NT INVESTIGATIONS AND	CONSULT LETTERS:	
Consult letters from specialists attached		Recent radiology repor	Recent radiology reports attached	
Recent blo	oodwork results attached	Translator required for language:		
	CI	linical Diagnosis:		
Peripheral Neuropathy		☐ Motor Neuron Disease	☐ Motor Neuron Disease/SMA	
☐ Carpal Tunnel Syndrome ☐ Bilateral ☐ Left ☐ Right			☐ Paresthesia ☐ Bilateral ☐ Left ☐ Right ☐ Arm(s) ☐ Hand(s) ☐ Finger(s) ☐ Leg(s) ☐ Foot/Feet	
Mitochondrial Disease		☐ Myopathy	☐ Myopathy	
Muscular Dystrophy		Radiculopathy/Plexopat	☐ Radiculopathy/Plexopathy	
☐ Myasthenia Gravis ☐ Acetylcholine receptor antibody study attached		Ulnar neuropathy		
		Other:		

PLEASE NOTE:

Your patient will receive an appointment notice letter by mail and you will receive a copy by fax