Please check one:

☐ ***First Available Physiatrist***

☐ **Dr Ross A. Davidson MD, FRCPC, CSCN (DIP) 67539**

☐ **Dr Philip Motyka MD, FRCPC, CSCN 35190**

☐ **Dr Janine Reid, MD, FRCPC, CSCN 37587**

☐ **Dr Sami Zaki MB, BCh, FRCPC(C) 67112**

EMG and General Physiatry Requisition

Patient information *(or attach clinic face sheet)*		***Referring Physician information*** *(inc MSP #)*	
Last Name, First Name		Referring Physician Address, Phone & Fax #	
PHN			
Date of Birth: M/D/Y	Sex: M F	MRP	
Mailing Address & Phone #		CC:	

Insurance Information			
Referral related to a worksafe claim*?	yes ☐ no ☐	Claim #	Date of injury
Referral related to a motor vehicle accident?	yes ☐ no ☐	Claim #	Date of injury

Referral Information

General Physiatry consult: **Nanaimo☐ Campbell River☐ Port Alberni☐ Tofino☐ Powell River☐** n ne m w	Spasticity ☐ Musculoskeletal disorders ☐ Chronic pain ☐ Spinal Cord Injury ☐ Stroke rehabilitation ☐ Amputee rehabilitation ☐ Other ☐_____
Detailed Electrodiagnostic Evaluation	Undifferentiated PNS disorders, suspected combined PNS/MSK disorder Radiculopathy ☐ Plexopathy ☐ Polyneuropathy ☐ Mononeuropathy ☐ Neuromuscular Junction disorder ☐ Myopathy ☐ Motor Neuron disorder ☐
Focused Electrodiagnostic Evaluation	High pre-test probability of entrapment neuropathy Carpal Tunnel Syndrome ☐ **For CTS, recent A1C #:_____Date:_____ Has nocturnal bracing been trialed? **Yes** ☐ **No** ☐ *If not done, please have patient trial nocturnal bracing and update A1C while waiting for an appointment*

Brief History:

Recent bloodwork attached ☐ Relevant imaging studies and/or specialist consults attached ☐

*****If this referral is regarding a hospital INPATIENT, you MUST indicate the hospital: (please circle) NRGH/NIH- CR/WCGH/Tofino/qGH & Unit:_____Room#_____Bed#_____*****

What is the urgency of this referral? Routine ☐ Semi-Urgent ☐ **Urgent** ☐

*Worksafe cases will **not** be expedited unless a request from WorkSafe is received*

Campbell River clinic is for a **SELECT group of patients who are living with a disability **AND** have transportation difficulties or risks to health associated with transportation**

COASTAL
REHABILITATION + NEURODIAGNOSTICS

502-1515 Dufferin Crescent Nanaimo, BC V9S 5H6 Ph: 778-787-1707 F: 250-713-4422