Saskatchewan Health Authority

PHYSICAL MEDICINE AND REHABILITATION
SASKATOON CITY HOSPITAL
701 QUEEN STREET
SASKATOON, SK, CANADA S7K OM7
TEL (306)655-8175 FAX (306)655-8813

Saskatoon City Hospital EMG Referral Form

PATIENT INFORMATION

First Name:	Last Name:	Gender:
Date of Birth (DD/MMM/YYYY):	Personal Health Number:	
Street Address:		
City:	Postal Code:	

REFERRAL INFORMATION

Priority: ☐ Urgent ☐ Routine *Urgent requests must be discussed by direct consultation with Dr. Shi*	Referring Physician: Telephone: Fax:

Clinical Question

☐ Carpal tunnel syndrome
☐ Ulnar neuropathy
☐ Polyneuropathy
☐ Cervical radiculopathy
☐ Lumbosacral radiculopathy
☐ Plexopathy

If other, please specify:

Clinical Information (please attach previous EMG studies, consults, relevant imaging, bloodwork and medications)

Past medical history

☐ Diabetes ☐ Thyroid disease ☐ HIV or Hepatitis C ☐ Alcohol abuse

Is the patient on anticoagulation? ☐ Yes ☐ No

Referring Physician Signature: _____ Date: _____