

REFERRAL GUIDELINES

EMG (Electromyography Clinic)

Head of Unit: Dr Ernie Butler

Referrals: Referral addressed to named head of unit is preferred.

Fax Referrals to 9784 2349.

Referral Forms preferred and available on GPLU outpatient webpage or phone EMG clinic to request.

Please Note: The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of their appointment.

Clinic overview:

EMG testing for Investigation of Neuropathy, Myopathy & Neuromuscular Junction Disorders

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Inpatient and urgent referrals	Determined by Neurologist triage and booked in to the first available appointment
Category 2 Routine	All other referrals, <ul style="list-style-type: none"> Focal neuropathy or plexopathy of unclear cause Suspected peripheral neuropathy 	Up to 3 Months
Emergency	Rapidly progressive neurological symptoms leading to weakness or imbalance.	Referral to Emergency department

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT

Dr Ernie Butler

PROGRAM DIRECTOR

ENQUIRIES

PH: EMG Clinic 9784 2663

Reviewed: 12/04/2021

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<p>Eligibility Criteria</p> <ul style="list-style-type: none"> • Patients must be referred by a doctor • Patient has indications for standard Nerve Conduction Studies EMG, repetitive nerve stimulation Single Fibre EMG, to investigate neuropathy, myopathy and neuromuscular junction disorders. • Peninsula Health Catchment preferred
<p>Exclusions</p> <p>Children < 16years refer to the Royal Children's Hospital</p>
<p>Alternative referral options</p> <p>Monash Health Neurology Royal Children's Hospital Private Services</p>
<p>Minimum Referral Information Required Please note, referral cannot be processed if minimum information is missing)</p> <ul style="list-style-type: none"> • Referring practitioner name, provider number and signature. • Date of referral • Patient's name, address, date of birth, Medicare number and phone number. • Clinical details and reason for referral • Relevant medical history • Medications • Allergies • Results of all recent and relevant investigation • Clinical details and reason for referral. Including symptomatic history, possible diagnosis and/or injury.
<p>Clinic information</p> <p>Wednesday and Friday afternoons Neurophysiology Lab Level 3 Frankston Hospital</p> <p>For map see referral form</p>

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