Peninsula Health
Neurophysiology Laboratory

(NEUROLOGIST REFERRAL ONLY)
VIDEO EEG MONITORING (VEM) REQUEST

Phone: (03) 9784 2663 Fax: (03) 9125 9878

UR NUMBER .....

SURNAME .....

GIVEN NAMES .....

DATE OF BIRTH .....
Please fill in if no Patient Label available

App.14/8/2024 Print Code:18606

PHF3531165

Patient Details

Address: .....

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Phone: .....

Requesting Neurologist Details

Name: .....

Address: .....

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Phone: .....

Provider No: .....

Copies: .....

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Date: .....

Signature: .....

Admission Type

☐ Elective ☐ Current inpatient

Medications

Current AEDs: .....

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Previous AEDs: .....

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Other medications: .....

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OFFICE USE ONLY

Admission date: .....

Epilepsy consultant

☐ Dr Joshua Laing ☐ Dr Haris Hakeem

Admission plan

☐ For sleep-deprivation

☐ For medication withdrawal

☐ For additional electrodes

Notes: .....

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Referral Details

Indication

☐ Diagnostic

☐ Classification of epilepsy syndrome

☐ Assessment on medication

☐ Suspected functional seizures

☐ Pre-surgical evaluation

☐ Other: .....

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Seizure type/s

☐ GTCS ☐ Absence

☐ Focal aware ☐ Functional

☐ Focal impaired awareness

Details of seizure type, frequency, semiology

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Previous investigation results and location:

EEG: .....

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MRI: .....

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CT: .....

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Patient care needs

☐ Post-ictal aggression

☐ History of status epilepticus

☐ Alcohol / drug use

☐ Disability

Additional information: .....

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MR/353165

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