

DATE: _____

NAME: _____

**K. Sivakumar, MD
Neuromuscular Research Center**

EMG and NERVE CONDUCTION STUDIES: NEW PATIENT FORM

PATIENT

Name: _____
 Address: _____

 Date of Birth: _____
 Phone: _____
 E-mail: _____
 Place of birth: _____
 Nationality or race of parents: _____
 Employment: _____

Referring Physician

Name: _____
 Address: _____

 Phone: _____
 Fax: _____

Primary Care Physician

Name: _____
 Address: _____

 Phone: _____
 Fax: _____

List and describe the nature and duration of your neuromuscular symptoms

1. _____
2. _____
3. _____

Other medical problems

1. _____
2. _____

Allergy to latex: Yes___ No___ Pace maker or electrical implanted device Yes___ No ___

Are you taking Coumadin or similar blood thinner: Yes ___ No ___

Allergy to medications: Yes___No___ List those you are allergic to _____

Past Surgical History: please list procedure and year

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

List any **serious injuries** or bone fractures

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

List all **prescription medications** you are currently taking or you have taken in the past 6 months:

| Medication | Dosage | How often? |
|------------|--------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |