All India Institute of Medical Sciences, Jodhpur

Department of Neurology

Neurology OPD, ground floor ‘B’ block, Room no. - 27

EEG requisition form

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| Name: Age /sex: Date:  Indoor /outdoor: Ward/Bed no: ID: |
| Referred by: Dept:  Address: Phone No:  Brief history:  Routine/Urgent: Reason for urgency: |

**Seizure** – Focal/generalized /focal with generalized -

1) Age of onset –

2) Aura/automatism (if present, describe) -

3) Dyscognitive features (if any) -

4) Last seizure on -

**Risk factors –**

1) Antenatal/natal /postnatal -

2) Developmental delay -

3) Seizure associated with fever in childhood -

4) Head injury -

5) Fever with altered sensorium -

6) Family history -

**CNS exam –**

Previous EEG -

CT Brain (if any) -

MRI Brain (if any) –

Provisional diagnosis –

Indication for EEG –

**Instructions before EEG-**

1)Wash hair with soap or shampoo 1 day before EEG, don’t put oil

2)Patient can take light breakfast /lunch before EEG.

3)Don’t skin any medications advised by your treating doctor (until and unless particularly advised for same.

4)Reach on scheduled time, otherwise next date will be given.

5)Patient should be assisted by 1 attendant (mother for kids).

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| Clinician’s / Resident’s Name – Date for Test -  Clinicians’ s / Resident’s Sign. - Parent’s Sign. - Technician’s Sign. - |