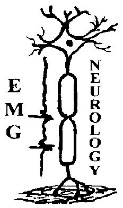
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***PATIENT MEDICAL INTAKE FORM - PLEASE COMPLETE BEFORE YOUR APPOINTMENT***

Name: Date of Birth:

***INSTRUCTIONS:***

Your test may take up to 2 hours.

Take all medications as usual.

Do not use body lotions or oils on the day of your appointment. You may use deodorant.

Wear or bring loose-fitting clothing. (Scrubs/johnnies can be provided, if needed.)

If you had EMG/NCS done elsewhere, please bring a copy of the report.

***QUESTIONS:***

If you have a follow-up appointment with the doctor who referred you, whenis it?

When approximately did your symptoms start? (in terms of weeks, months or years ago)

Did you have this nerve test on the same part of your body that will be tested today? Yes No

Did you have this nerve test on a different part of your body that will be tested today? Yes No

If Yes, How long ago?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were the results of the previous test?

Where/By whom was the test done:

**YES** **NO**

Have you had Spine Surgery on your:

Neck?

Low back?

Are you currently taking Blood-Thinning Medications? e.g., warfarin (Coumadin),

dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis),

edoxaban (Lixiana, Savaysa), betrixaban (Bevyxxa)

Do you have Diabetes?

Do you take Insulin?

Have you been diagnosed with Peripheral Neuropathy (generalized nerve damage)?

Is a Pacemaker, Defibrillator/Cardioverter or Deep Brain Stimulator in your body?

Have you ever had Hepatitis?

Do you have AIDS/HIV?

Is it Difficult For Your Blood To Clot?

Do you have Lymphedema (can follow lymph node removal, e.g. breast cancer surgery)?

Latex products are not used in contact with your body, but can you Tolerate Latex products

present in the testing room?

Patient Signature Date