

Test: 30 minute routine EEG Sleep-deprived EEG
 Priority: ASAP At patient's convenience
 Type of invoice: Medicare mixed billing Private pay
 Workers Compensation Defence Force Other

This section must be completed for the referral to be processed. By submitting this referral, I confirm that this request complies with the [MBS criteria for Item 11000](#).

For more information: seermedical.com/fees

Patient details

Please use BLOCK/CAPITAL letters

Name D.O.B. (min 2y.o.)
 Email Phone
 Address Gender
 Medicare no. Expiration

Referrer details

If reports and notifications should be sent to another healthcare provider in addition to the referring clinician, please fill in the details below:

Email


Email

Monitoring details

Why is a routine EEG required?


Prior test results / Other previous investigations

Description of seizure/event

 Epilepsy medication

Non-epilepsy medication

Frequency of seizure/event

 Medical history

Additional clinical information

Acute respiratory distress syndrome (ARDS)

Myocardial infection (MI)

Asthma

On supplemental oxygen

Cerebral vascular accidents (CVA)

Pregnancy (third trimester 24 weeks / 6 months)

Chronic obstructive pulmonary disease (COPD)

Sickle cell anaemia

Increased intracranial pressure

Surgery (including transplants)

Moya Moya disease

Transient ischaemic attacks (TIA)

Does the patient have an epilepsy diagnosis?

Yes No

Has the patient had previous EEG monitoring?

Yes No