

Referrals without an indication of monitoring duration cannot be processed.  
Refer to page 2 (overleaf) for more information about testing and requirements.

Priority:            ASAP                    At patient’s convenience

Duration:           4 days            7 days                    Other: ..... days (maximum 8)

Previous EEG:       Yes                No                If “Yes”            Normal            Abnormal

Type of invoice:    Medicare mixed billing            Concession card (bulk-billed)            DVA Gold/White card

                          Workers Compensation            Motor Accident            Defence Force            Private pay (e.g. non-resident private insurance)

                          Bulk-billed\*                    Other\*

\*Please specify .....

For more information: [seermedical.com/fees](http://seermedical.com/fees)

Please use BLOCK/CAPITAL letters

**Patient details**

Name ..... D.O.B. (min 4y.o.) .....

Email ..... Phone .....

Address .....

Medicare no. .... Expiration .....

**Referrer details**

Email .....

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

Email .....

Epilepsy medication

Non-epilepsy medication

 **Indication for EEG (select at least one)**

Episodes of possible neurological dysfunction with symptoms including:


- Impaired awareness / Loss of consciousness
- Convulsive activity
- Behavioural arrest
- Confusion / disorientation

Episodes of possible neurological dysfunction – differentiation:

- Non-epileptic episodes
- Episodes occurring in sleep

Known epilepsy

- Characterising the nature of a patient’s seizures
- Assessing seizure activity in response to treatment

 **Indication for ECG**

Possible cardiac component to episodes (syncope, presyncope, palpitations or asymptomatic arrhythmia with an expected frequency of greater than once per week)

Is aggression a feature of your patient’s episodes?

Yes            No

Please complete relevant medical history on page 2 (overleaf).



Relevant medical history (please outline why long term EEG monitoring is required, including the specific neurological dysfunction suspected, a detailed description of the patient's typical events, frequency of events, findings from any previous investigations and any treatment measures that have been implemented.)

Seer Medical provides at-home long-term video-EEG-ECG monitoring which has a high diagnostic yield and is appropriate for diagnosing intermittent events. Most tests are for seven (7) days but duration will depend on the frequency of your patient's events.

Where events are occurring more frequently, shorter durations should be considered. Seer Medical's monitoring is generally not appropriate in instances of single, unexplained events or where other appropriate testing has not yet been conducted. Please contact our clinical team if you would like advice about the duration of monitoring.