Mater Private EEG Service

Patient referral form

mater neurosciences centre

Date / /

Referring Doctor

From

Test required

☐ Routine EEG (20 minutes)

☐ Sleep Deprived EEG (1 hour)

Patient details

Name DOB / /

Address

Contact number

Email

Medicare card number Exp

Private health insurer Membership number

Indication

☐ Confirm/exclude epileptiform activity

☐ Define the nature of seizure-like event

☐ Progress of known epilepsy/seizures

☐ Other, please specify:

Clinical details

Signature

Provider number

Our expert team of specially trained health professionals are now taking referrals for the Mater Private EEG Service.

Telephone: 07 3163 8333 **Fax:** 07 3163 3601
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