



WRHN

Waterloo Regional Health Network

EEG TESTING CLINIC

Outpatient Requisition

Please complete ALL sections Incomplete requisitions will be returned

Waterloo Regional Health Network			
EEG Services			
Phone: 519-749-4300 x 4235		Fax: 519-749-4312	

Patient's Last Name:	Patient's First Name:	Initial:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____
DOB (year/month/day):	Health Card #:	Version Code:	WSIB Claim #:
Street Address:	City:	Province:	Postal Code:
Patient's Phone:	Cell Phone:	The patient consents to messages being left at this number <input type="checkbox"/> Yes <input type="checkbox"/> No	

Services Requested:	
<input type="checkbox"/> Regular Electroencephalogram (EEG)	<input type="checkbox"/> Sleep Deprived Electroencephalogram (SDEEG)

Clinical Diagnosis (this area MUST be completed, or requisition will be returned)

Additional Information	
Pediatric Referrals	Adult Referrals
<input type="checkbox"/> Is the patient expected to be experiencing absence seizures? <input type="checkbox"/> Is the patient under 2 (high risk for epileptic encephalopathy)? <input type="checkbox"/> Is the patient experiencing infantile spasms?	<input type="checkbox"/> Will this test help to determine treatment? <input type="checkbox"/> Is this patient suspected to be having frequent seizures?

Additional Comments:
To ensure the most appropriate intervention, please include relevant operative reports, consult notes, imaging results, and rehabilitation therapy reports (unless available through Clinical Connect).

Referring Physician Name (please print):	Physician's Phone #:	Physician's Fax #:
Family Physician:	Copies to Dr.:	
Physician's Signature:	Physician's Billing #: (Required)	

Information for Patients

Appointment Date: _____

Appointment Time: _____

Appointment Location:

WRHN @ Midtown

Waterloo Regional Health Network
835 King Street West
CRES - Unit 3 E, Main Hospital
Kitchener, Ontario
N2G 1G3

WRHN @ 40 Green

Waterloo Regional Health Network
40 Green Street
EEG Services – 5th Floor – 40 Green Street
Kitchener, Ontario
N2G 4K9

Comments:

Reminders

- **Notify EEG Services to rebook or cancel appointments – (519) 749-4300 x 4603**
- Arrive 15 minutes early to get registered – Test will be rebooked if you are late
- Bring your health card

Preparing for your test

- Exam takes about one hour.
- You must have clean, dry hair. NO grease, oil, mousse, spray, or gel.
- If you are scheduled for a sleep deprived EEG, the most important preparation for this test is to ensure your sleep schedule is upset by waking at midnight. For younger children who nap, schedule test for nap time.

Note: Referrals accepted only for patients residing within Waterloo-Wellington