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EMG & NCS PATIENT INTAKE FORM

Provider Performing Study: _____

Appointment Date: _____ Time: _____

1.Patient Information

Full Name: _____

Date of Birth: _____ Age: _____ Sex: ☐M ☐F ☐Other _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ ☐ Mobile ☐Home ☐ Work

Primary Care Provider: _____

Referring Provider: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____

2.Reason for Today's Test

What symptoms are you experiencing? (Check all that apply)

- ☐ Numbness
- ☐ Tingling
- ☐ Weakness
- ☐ Muscle cramping
- ☐ Muscle twitching
- ☐ Burning pain
- ☐ Sharp/shooting pain
- ☐ Neck pain
- ☐ Back pain
- ☐ Arm pain
- ☐ Leg pain
- ☐ Other:

Which side is affected? ☐Right ☐Left ☐Both

When did symptoms begin? _____

Have symptoms worsened, improved, or stayed the same?

☐ Worsened ☐ Improved ☐ Stayed the same

History of injury related to symptoms? ☐ Yes ☐ No

If yes, describe: _____

3.Medical History

Do you have or have you ever been diagnosed with:

☐ Diabetes
☐ Thyroid disease
☐ Cancer
☐ Stroke
☐ Seizure disorder
☐ Autoimmune disorder
☐ Neuropathy
☐ Radiculopathy
☐ Carpal tunnel syndrome
☐ Cervical or lumbar spine disease
☐ HIV/AIDS
☐ Hepatitis
☐ Kidney disease
☐ Other: _____

Prior spine or limb surgery? ☐ Yes ☐ No

If yes, type and date: _____

Pacemaker or implanted defibrillator? ☐ Yes ☐ No

Deep brain stimulator or spinal cord stimulator? ☐ Yes ☐ No

Metal implants in arms/legs? ☐ Yes ☐ No

4.Medications

Please list ALL medications (prescription, over-the-counter, supplements):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Are you taking blood thinners? ☐ Yes ☐ No

If yes, which one(s)? _____

Do you take aspirin daily? ☐ Yes ☐ No

5. Allergies

Medication allergies: _____

Latex allergy: ☐ Yes ☐ No

Other allergies: _____

6. Social History

Occupation:

Dominant hand: ☐ Right ☐ Left

Do you smoke? ☐ Yes ☐ No

Alcohol use? ☐ Yes ☐ No

Recreational drug use? ☐ Yes ☐ No

7. For Female Patients

Are you pregnant or possibly pregnant? ☐ Yes ☐ No

8. Previous Testing

Have you had prior:

☐ EMG/NCS

☐ MRI

☐ CT scan

☐ X-rays

If yes, where and when? _____

EMG & NCS CONSENT

Electromyography (EMG) involves inserting small needle electrodes into muscles to record electrical activity. Nerve conduction studies (NCS) involve mild electrical stimulation of nerves.

You may experience mild discomfort during the test. Risks include minor bleeding, bruising, soreness, and very rare infection.

I understand the procedure, risks, and benefits, and I consent to undergo EMG and/or NCS testing.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____