

# Request Form, all WNC clinics



Science and care combined

Tel: +44 20 3212 0830 Fax: +44 20 3212 0835  
 Email: [appointments@wimbledon-neurocare.com](mailto:appointments@wimbledon-neurocare.com)

<b>Patient name:</b>	<b>Referred by:</b>
<b>Date of Birth:</b> /     / <b>Gender:</b> M/F	<b>Date of request:</b>
<b>Address:</b>	<b>Send results via:</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Letter
	<b>Send results to</b> (contact details):
<b>Telephone:</b>	
<b>Email:</b>	

TEST	CONSULTANT or leave blank	LOCATION
<b>EEG</b>		
<input type="checkbox"/> Routine EEG with video monitoring <input type="checkbox"/> Sleep Deprived EEG <input type="checkbox"/> EEG with hyperventilation and photic stimulation <input type="checkbox"/> 24 hour Ambulatory EEG <input type="checkbox"/> 48 hour Ambulatory EEG <input type="checkbox"/> Sedation Induced EEG with Melatonin	<input type="checkbox"/> Dr Hamid Modarres	<input type="checkbox"/> 10 Harley Street, London <input type="checkbox"/> Parkside Hospital, Wimbledon
	<input type="checkbox"/> Dr Mushriq Al-Khayatt	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Prime Health Centre, Weybridge
<b>EMG/Nerve Conduction Study</b>		
<input type="checkbox"/> EMG/NCS/Single Fibre EMG <input type="checkbox"/> Magnetic Stimulation <input type="checkbox"/> Quantitative Sensory Threshold (QST) <input type="checkbox"/> Visual Evoked Potential (VEP) <input type="checkbox"/> Somatosensory Evoked Potential (SSEP)	<input type="checkbox"/> Dr Peter Misra <input type="checkbox"/> Dr Santiago Catania	<input type="checkbox"/> 10 Harley Street, London
	<input type="checkbox"/> Dr Hamid Modarres <input type="checkbox"/> Dr Martin Schwartz	<input type="checkbox"/> Parkside Hospital, Wimbledon
	<input type="checkbox"/> Dr Mushriq Al-Khayatt	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Clare Park Hospital, Farnham <input type="checkbox"/> Prime Health Centre, Weybridge
<b>Cognitive Assessment</b>		
<input type="checkbox"/> Cognitive Assessment	<input type="checkbox"/> Dr Shai Betteridge	<input type="checkbox"/> Prime Health Centre, Weybridge <input type="checkbox"/> 10 Harley Street, London
	<input type="checkbox"/> Dr Claire O'Neill	<input type="checkbox"/> 10 Harley Street, London <input type="checkbox"/> St George's Hospital, London
<b>Nocturnal Hypoventilation Assessment</b>		
<input type="checkbox"/> Ambulatory Respiratory Somnogram	<input type="checkbox"/> Dr Farid Bazari	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Coombe Wing, Kingston Hospital
<b>Vestibular Therapy</b>		
<input type="checkbox"/> Vestibular Rehabilitation <input type="checkbox"/> Neck/back treatment <input type="checkbox"/> Posturography	<b>THERAPIST or leave blank</b>	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Prime Health Centre, Weybridge
<b>Additional clinical information</b> (please provide summary of patient history, provisional diagnosis, clinical findings, questions to be answered, and current medication):  Signed: .....		