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Patient Name: ____ Date:_________________

Patient Height: ____________ Patient Weight: ____________ Patient Age: ________ Patient Sex: _______

Have you been told why you are here for an EMG test? ☐ NO ☐ YES – my diagnosis is: ____________________

Referring physician's name / contact information: ____

Do you have any IMPLANTABLE DEVICES (i.e. defibrillator, neurostimulator) ☐ NO ☐ YES

PLEASE DESCRIBE YOUR SYMPTOMS (CHECK ALL THAT APPLY)

- ☐ NECK Pain
- ☐ BACK Pain
- ☐ Bilateral HAND numbness
- ☐ Bilateral FOOT numbness
- ☐ Other: ____________

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- ☐ Right ARM pain
- ☐ Right ARM weakness
- ☐ Right ARM numbness
- ☐ Right HAND numbness
- ☐ Right FOOT numbness/pain
- ☐ Right LEG pain
- ☐ Right LEG weakness
- ☐ Right LEG numbness

- ☐ Left ARM pain
- ☐ Left ARM weakness
- ☐ Left ARM numbness
- ☐ Left HAND numbness
- ☐ Left FOOT numbness/pain
- ☐ Left LEG pain
- ☐ Left LEG weakness
- ☐ Left LEG numbness

PLEASE DESCRIBE YOUR WORK STATUS:

- ☐ Working full time
- ☐ Working part time
- ☐ Not working
- ☐ Retired
- ☐ Unemployed
- ☐ Disabled working
- ☐ On Workman's Compensation
- ☐ Homemaker

Please state your occupation: ____

What are the essential duties of your job (traveling, lifting, sitting): __________________________

PAST MEDICAL HISTORY

Check all that apply ☐ None apply

- ☐ Heart Attack
- ☐ Heart Failure
- ☐ High Blood Pressure
- ☐ Heart Arrhythmia
- ☐ Diabetes
- ☐ Stroke
- ☐ Seizures
- ☐ Lung Disease
- ☐ Asthma
- ☐ Blood Clot in Leg
- ☐ Blood Clot in Lung

- ☐ Tuberculosis
- ☐ Osteoarthritis
- ☐ Rheumatoid Arthritis
- ☐ Ankylosing Spondylitis
- ☐ Gout
- ☐ Osteoporosis
- ☐ Kidney Stones
- ☐ Kidney Failure
- ☐ Stomach Ulcers
- ☐ Liver Trouble
- ☐ Hepatitis

- ☐ Mental Illness
- ☐ Alcoholism
- ☐ Thyroid Trouble
- ☐ Bleeding Disorders
- ☐ Anemia
- ☐ HIV
- ☐ Serious Injuries (explain below)
- ☐ Broken bones (explain below)
- ☐ Cancer (explain below)

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MEDICATIONS

Medicine	Dose	Schedule	Medicine	Dose	Schedule
____________	______	______	____________	______	______
____________	______	______	____________	______	______
____________	______	______	____________	______	______