

EMG and Nerve Study Questions

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

Who referred you for the nerve testing: \_\_\_\_\_

Draw location of pain (or other problems) and/or describe what problems you having?

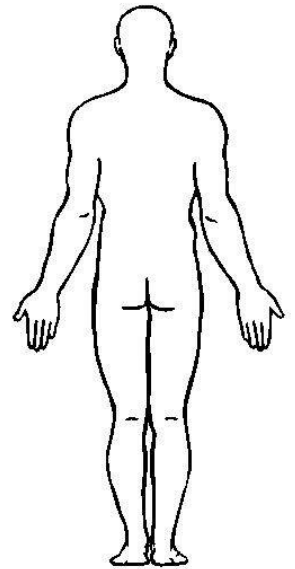
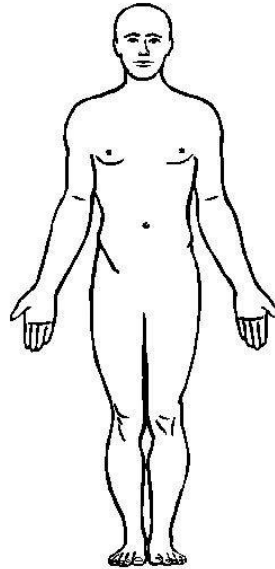
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Have you had an EMG or Nerve Study before? (year, doctor who did the study, results): \_\_\_\_\_

\_\_\_\_\_

Have you had an MRI of your neck, mid-spine or low back? (when/where MRI done?) \_\_\_\_\_

\_\_\_\_\_

List Surgeries on Spine or Bones (year, location, what was done): \_\_\_\_\_

\_\_\_\_\_

Have you had any prior injections for your problem we're seeing you for today? Y N

Please list your medications that you currently take: \_\_\_\_\_

\_\_\_\_\_