**Christiana Care Neurology Specialist**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

What kind of problem resulted in your referral for an EMG/NCV study?

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How long have you had the problem?

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What parts of your body are involved?

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Does any particular activity make the symptoms better or worse?

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Are symptoms worse any particular time of day or night?

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What treatment if any are you currently receiving?

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Have you had any past surgeries?

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Have you had any previous EMG/NCV studies, if so when?

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Do you have any other medical problems?

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What medicines do you take?

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What type of work, if any, do you do?

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Is this a work related injury?

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Do you smoke?

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Does anyone in your family have health problems similar to yours?

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