



### EMG - Personal Information

Please Print Clearly & Please Silence Cell Phones

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Best Contact Phone Number: ( ) \_\_\_\_\_

Please Forward Results To:

Physician \_\_\_\_\_ (T) ( ) \_\_\_\_\_ (F) ( ) \_\_\_\_\_

Physician \_\_\_\_\_ (T) ( ) \_\_\_\_\_ (F) ( ) \_\_\_\_\_

Reason for Today's Test:

\_\_\_\_\_  
\_\_\_\_\_

Past Medical History Including Revelant Tests for this Condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking blood thinners: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CONSENT

I hereby acknowledge that my physician has explained that an Electromyography (EMG) measures muscle response or electrical activity in response to a nerve's stimulation of the muscle and that the test is used to help detect neuromuscular abnormalities. I also acknowledge that my physician has explained the risks, benefits and alternatives to an EMG and I understand that the risks and undesirable consequences associated with an EMG, while rare, do include, but are not limited to: bruising, swelling or inflammation at the needle insertion site(s); infection at the site(s); nerve damage. I hereby certify that I have been given an opportunity to ask questions about the procedure and the risks and undesirable consequences involved, and I believe that I have sufficient information and hereby give this informed consent to the EMG procedure and authorize the EMG to be performed.

Signature \_\_\_\_\_ Date \_\_\_\_\_