



EMG - Personal Information

Please Print Clearly & Please Silence Cell Phones

Name: _____ Today's Date: _____

Address: _____

City/Zip: _____ Date of Birth: _____

Age: _____ Height: _____ 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 _____