

**PALI MOMI EMG REFERRAL FORM**

98-1079 Moanalua Road, Suite 480 • Aiea, Hawai'i 96701  
Telephone 808-485-4250 • Fax 808-485-3880

**▶ PATIENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Alternate Contact (Name) \_\_\_\_\_ Phone \_\_\_\_\_

**▶ TYPE OF EXAM\***

- EMG Study & Consultation**  
 **EMG Study only**

*\*Both EMG and consultation can be scheduled on the same day for your patient's convenience.*

**▶ CLINICAL INDICATIONS OR REASON FOR EXAM (PLEASE BE AS SPECIFIC AS POSSIBLE)**

**Medical Diagnosis/ ICD-10** \_\_\_\_\_ **Onset Date** \_\_\_\_\_

Location of deficit:  Left side  Right side  Both sides

Does the patient have Diabetes?  Yes  No

**▶ EMG CLEARANCE**

If the patient meets any of the conditions below, please check the box to the left and follow the instructions as indicated.

**Pacemaker?**  Yes  No

**Anticoagulation medications such as apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto), etc?**  Yes  No

**Warfarin (Coumadin)?**  Yes  No

*If Yes, we will need a documented INR within 5 days of the study. If the INR>3.0 a limited EMG study may be performed.*

**Defibrillator?**  Yes  No

*If Yes, we will not be performing proximal arm, cranial nerve or repetitive nerve stimulations due to the close proximity of the device.*

**▶ INSURANCE INFORMATION**

Primary Insurance \_\_\_\_\_ Subscriber \_\_\_\_\_ Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Subscriber \_\_\_\_\_ Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Pre-Authorization Number \_\_\_\_\_ Date \_\_\_\_\_

**▶ REFERRING PHYSICIAN**

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

A copy of the physician clinic note is required for review prior to the EMG study.

**Fax request and documents to 808-485-3880**

Insurance authorization will be needed prior to scheduling an appointment for any patient requiring a pre-authorization.