



# lumina

Referral fax: 02 9000 6621  
Email: [reception@luminamedical.com.au](mailto:reception@luminamedical.com.au)  
Healthlink EDI: luminamg

Phone: 02 9000 6620

## PAEDIATRIC EEG REFERRAL FORM

EEG is most useful to investigate probable clinical seizures. EEG yield is reduced for other indications. Please consider referral for neurology evaluation prior to EEG.

**Has the patient or carer consented to Lumina receiving their personal information?**    **Yes**    **No**

### REFERRING DOCTOR INFORMATION

First name	Last name	
Provider #		
Practice name		
Practice address		Postcode
Practice phone	Practice fax	
Healthlink ID		
Doctor signature	Referral date	

### PATIENT INFORMATION

First name	Last name	
Gender	Date of birth	
Street address		Postcode
Phone	Email	
Medicare # (10 digits)	Individual # (1 digit)	Expiry date

### CLINICAL DETAILS

Reason for referral (please indicate relevant history, findings and investigations, and management, or attach summary):

**THANK YOU FOR YOUR REFERRAL TO LUMINA**

