CELEBRATING 30 YEARS

Northeast Rehab

Spine • Sports • Neuro • Pain

Thank you for choosing

Northeast Rehab

-www.nerehab.com-

Arrival Time vs Appointment Time for EMGs

You will be given an Appointment Time for the EMG and an ***Arrival Time*** of **30 minutes prior.**

EMGs require a minimum of 30 minutes to complete. Our goal is to have you in the exam room as close to your appointment time as possible. By arriving 30 minutes prior, this allows us to complete the check in process and provide the physician the time he/she needs to complete the EMG study.

If you are not here 30 minutes prior to the EMG appointment time, we may need to reschedule your appointment.

Thank you.
The Staff and Physicians of Northeast Rehab

EMG- Electromyography and Nerve Conduction Studies

EMGS and Nerve Conduction Studies (NCS) measure muscle and nerve function. EMGs measure the electrical activity of muscles at rest and during contraction. NCSs measure how well and how fast the nerves can send electrical signals.

The day of the test:

- Shower or bathe as usual but avoid the use of lotions, powders or oils
- Wear loose-fitting clothing

Tell your doctor if you:

- Have any bleeding problems or take blood thinners, such as Coumadin or Aspirin.
- Have a pacemaker
- Have had neck or back surgery

You may be given a patient gown to wear.
You will be asked to lie on a table or sit in a chair so your muscles are relaxed.

EMG

- The skin over the areas to be tested is cleansed with alcohol. A fine needle electrode that is attached by wires to a recording machine is inserted into a muscle.
- When the electrodes are in place, the electrical activity in that muscle is recorded while the muscle is at rest. You may be asked to tighten (contract) the muscle slowly and steadily. This electrical activity is recorded.
- The electrode may be moved a number of times to record the activity in different areas of the muscle or in different muscles.
- An EMG may take 30 to 60 minutes. When the test is done, the electrodes are removed and those areas of the skin where a needle was inserted are cleaned.
- During an EMG test, you may feel a quick, sharp, pinching sensation when the needle electrode is put into a muscle.
- An EMG is very safe. The needles are sterile, so there is very little chance of getting an infection. You may have some small bruises or swelling at some of the needle sites. You may be sore in some of the muscles for a short time afterward, but may return to your usual routines.

Nerve Conduction Studies (NCS)

- In this test, several flat metal discs (electrodes) are attached to your skin with tape or gel. Several quick electrical pulses are given to the nerve, and the time it takes for the muscle to contract in response to the electrical pulse is recorded.
- The same nerves on the other side of the body may be studied for comparison. When the test is done, the electrodes are removed. Nerve conduction tests may take from 15 minutes to 1 hour or more, depending on how many nerves and muscles are studied.
- With the nerve conduction studies, you may feel a quick, burning or tingling feeling, and a twitching of the muscle each time the electrical pulse is given. The tests make some people anxious. Keep in mind that only a very low-voltage electrical current is used, and each electrical pulse is very quick (less than a split-second).
- There is no chance of problems with nerve conduction studies. Nothing is put into your skin, so there is no chance of infection. The voltage of electrical pulses is not high enough to cause an injury.

Your doctor will let you know when your test results are ready.

Patient Information

Patient Name: _____

Date of Birth: _____ Social Security #_____ Sex: ☐ M ☐ F

Race: ☐White ☐Black/African American ☐American Indian/Alaska native ☐Asian
☐Native Hawaiian/other Pacific Islander ☐Other _____

Ethnicity: ☐Not of Spanish/Hispanic descent ☐Spanish/Hispanic Primary Language:_____

Cell #: _____ Home#: _____ Work #:_____

Address: _____

Referring Physician: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact_____ Phone: _____

Person(s) we may speak with regarding your medical/financial information should the need arise:

Name: _____ Relation: _____

Primary Insurance Information

Name of Insurance Company_____

Policy Number_____ Group Number _____

Policyholder Information - If you are the policyholder, check this box ☐ and skip to the next section.

Name of Policy Holder:_____ Relationship to Patient: _____

Date of Birth: _____ Social Security #_____ Phone: _____

Address: _____

Employer: _____

Secondary Insurance Information

Name of Insurance Company_____

Policy Number_____ Group Number _____

Policyholder Information - If you are the policyholder, check this box ☐ and skip to the next section.

Name of Policy Holder:_____ Relationship to Patient: _____

Date of Birth: _____ Social Security #_____ Phone: _____

Address: _____

Employer: _____

Work / Auto Related Injury

Is this the result of an accident: ☐Auto ☐Work Date of Injury/Accident: _____

Insurance Carrier:_____ Contact Name/Phone:_____

Address:_____

Claim Number:_____ Insurance ID Number_____

If Auto Accident, State where injury occurred: _____

If Work Injury, Employer Name:_____

Employer Address: _____

County: _____ Contact Name/Phone: _____

Address where injury occurred: _____

Job Title: _____ Job Duties: _____

Adjuster Handling Claim (Name/Phone): _____

Attorney Handling Claim (Name/Phone): _____

Patient Name: _____ **DOB:**_____

Medication Intake Sheet

Please list **ALL** medications taken on a daily basis.
This includes all **vitamins, herbals and over-the-counter medications**.

Medication Name	Dose / Strength	Times taken per Day	Prescribing Doctor	Reason for Taking Medication

Please list any Medications you have tried in the past for this current problem:

Medication: _____ Who Prescribed: _____

Medication: _____ Who Prescribed: _____

Medication: _____ Who Prescribed: _____

Medication: _____ Who Prescribed: _____

Medication: _____ Who Prescribed**:** _____

Please list ALL Medication Allergies:

_____

_____

Pharmacy Name _____ **Phone Number**_____

Pharmacy Address (if known): _____