Westmead Specialists
35 Darcy Road
WESTMEAD NSW 2145
T: **02 9687 4000**
F: **02 9687 4005**
info@westmeadspecialists.com.au

Dr Kavitha Kothur
MBBS, MD, DCh, FRACP, PhD (USyd)
Paediatric Neurologist

Kidsneurologist.com

Randwick Specialists
103 Botany Street
RANDWICK NSW 2031
T: **02 9326 6826**
F: **02 9326 6296**
E: **info@randwickspecialists.com.au**

Name: **Sex:** ❑ **Male** ❑ **Female**

D.O.B:
Address: **Phone:**

Email:

Procedure Requested (Please tick ✓):

❑ **Routine EEG** ❑ **Sleep-Deprived EEG**

❑ **Ambulatory EEG** ❑ **Video EEG**

Handedness: ❑ **Right** ❑ **Left**

Indication for EEG:

Relevant Clinical History:

Description of Seizure:

Frequency of Seizure: Daily / weekly / monthly / infrequent

Date of the last seizure:

Current medications:

Results of previous Investigations:
ECG :
EEG :
CT Scan:
MRI Scan:

Referring Doctor : **Provider Number :**
Address :
Phone :
Fax :
Email :
Date :