

EMG Test

Patient information:

Name:

Date of birth:

Contact number:

Address:

Current health status:

Reason for EMG test:

Additional notes:

Patient consent:

- I understand the risks and protocols of this procedure
- I understand that my participation in this procedure is entirely voluntary
- I consent to this procedure

Client signature:

Name:

Date:

Test results (to be completed by practitioner)

Observations:

Results:

Additional notes and recommendations:

Practitioner signature:

Name:

Date: