

Epilepsy Monitoring Unit (EMU) Requisition

PATIENT INFORMATION
Name _____
DOB (yyyy/mm/dd) _____
OHIP _____
Telephone _____

The Ottawa Hospital Civic Campus
(1053 Carling Avenue, Ottawa ON, K1Y 4E9)
Phone: 613-798-5555 ext. 13873
Fax: 613-764-4752

Please also attach patients' medical summary including their antiseizure medications and seizure history.

Date Received _____ Time (hhmm): _____ EMU Date _____

Priority: Urgent (1-2 months) Routine (≥ 3 months)

Reason for LTM (select all that apply):

- Surgical Evaluation-Phase I
- Spell clarification/ diagnosis (High likelihood of PNES suspected)
- Medication change/initiate NEW DRUG
- Other: specify _____

Medication plans during EMU admission:

1. Any reduction planned **PRIOR** to admission? Yes No _____

2. During EMU stay consider removing the following medications: _____

3. During EMU stay consider adding the following medications: _____

Is patient eligible for a 4-day admission? Yes No

Any expected behavior problems (e.g. psychosis, aggression, or confusion)? Yes No

Any history of status epilepticus? Yes No _____

Any special issues/circumstances (e.g. interpreter services needed, admission from group home, what medication titrations you would like performed etc.): _____

REFERRING PHYSICIAN Printed Name: _____

Signature _____ Date _____ Time _____