

**Patient Clinical History // Interpretation Information Form**

Test # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F Handedness: \_\_\_R\_\_\_L

Duration of Study: \_\_\_\_\_ Type of Study: \_\_\_\_\_

Referring MD: \_\_\_\_\_ Phone: \_\_\_\_\_

Reading MD: \_\_\_\_\_ CD: \_\_\_Y\_\_\_N

Descriptive Clinical History: **UNIT SERIAL #** \_\_\_\_\_

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List of Meds/Anticonvulsants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History of Seizures: \_\_\_Yes\_\_\_ \_\_\_No\_\_\_ \_\_\_Unknown\_\_\_

Previous Testing: \_\_\_\_\_

Dates of Monitoring: \_\_\_\_\_

Billable Dates: \_\_\_\_\_

Billable Hours: \_\_\_\_\_

<u>Recording Information:</u>	<u>Total</u>	<u>Filtered</u>
# of Patient Events	_____	<u>60HZ</u>
# of XL Events	_____	<u>60HZ</u>
# of Auto Samples	<u>2 mins/hr</u>	<u>60HZ</u>
# of XL Spikes	_____	<u>60HZ</u>

*\*\*\*XL Spikes 11pm to 6 am only*

Technologists Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_