

NERVE CONDUCTION STUDY FORM

General Information:

Physician: _____

Sex (circle one): Male / Female

Year of Visit: _____

Year of birth: _____

If the NCS is Not Done, please explain in the notes why the test was not clinically indicated. Also, please provide location of testing if NCS not conducted at study site.

Year of Test: _____

Median Motor Nerve	Right	NL/ABNL	Left	NL/ABNL
MNCV (m/s)				
Distal motor latency (msec)				
Distal CMAP (millivolts)				
F-wave latency (msec)				

Ulnar Motor Nerve	Right	NL/ABNL	Left	NL/ABNL
MNCV (m/s) wrist to elbow				
MNCV (m/s) around elbow				
Distal motor latency (msec)				
Distal CMAP (millivolts)				
F-wave (msec)				

Peroneal Motor Nerve	Right	NL/ABNL	Left	NL/ABNL
MNCV (m/s) ankle to knee				
MNCV (m/s) around knee				
Distal motor latency (msec)				
Distal CMAP (millivolts)				
F-wave (msec)				

Sensory Nerves	Right	NL/ABNL	Left	NL/ABNL
Sural SNCV (m/s)				
SNAP (microvolts)				
Median SNCV (m/s)				
SNAP (microvolts)				
Ulnar SNCV (m/s)				
SNAP (microvolts)				
Radial SNCV (m/s)				
SNAP (microvolts)				

Notes:
