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OVERNIGHT VIDEO-EEG INFORMATION AND CHECKLIST FOR PARENTS

The overnight video-EEG service is a service provided by Dr Sekhar Pillai, paediatric neurologist VMO (visiting medical officer) at Norwest Private Hospital. The overnight video EEG study consists of your child having an EEG that is performed across two days and includes sleep. The EEG involves a number leads placed in your child's head with a soft paste and then wrapped with a soft bandage to prevent the leads from coming off and getting tangled. The EEG merely records the brain activity of your child. It **DOES NOT** relay any currents into your child's head nor does it cause your child to have a fit.

The following checklist is required before consideration of an appointment for this study.

<ul style="list-style-type: none"> ▪ Private health insurance coverage is current and covers medicare item numbers 11004 and 11005 (for overnight video EEG study) ▪ The excess applicable on your health fund for your child is confirmed and you agree to proceed with this study (some health funds do not charge an excess on children) ▪ A GAP fee of \$300 is required as payment to Sydney Paediatric Neurology BEFORE the study date to cover the technical service and EEG consumables not supplied by the hospital. [BSB 012358, Acc 467174098; insert name of child under description] 	<ul style="list-style-type: none"> ▪ Yes / No ▪ Yes / No ▪ Yes / No
Date transferred:	
<ul style="list-style-type: none"> ▪ A valid referral form from your doctor at the website requesting overnight video EEG study & clinical review [www.sydney paedneurology.com.au] ▪ Your child is aged 4 years or older ▪ Your child does not have active head lice ▪ Your child does not have medically intractable seizures (seizure occurring daily/weekly, on at least two anti-epileptic medications OR both criteria) ▪ Consent for video recording of your child for the study and its use for discussions with other medical specialist as necessary in relation to your child 	<div style="text-align: center; margin-bottom: 10px;"> _/_/_ </div> <ul style="list-style-type: none"> ▪ Yes / No ▪ Yes / No ▪ Yes / No ▪ Yes / No



Additional information:

1. Your child will be admitted to the children's ward as a patient of Dr Sekhar Pillai on the evening of your given date.
2. Only one parent is expected to remain with the child for the entire admission.
3. If your child is on regular medication, please bring this along and it will be stored safely on the ward for use.
4. Unless advised by your doctor, continue on any regular medication that your child has been prescribed.
5. Your child's heart rate and oxygen levels will be monitored using a finger probe when asleep as a safety measure. The nursing staff will formally record these observations each hour without waking your child.

I acknowledge that I have read and understood the above information, and that my child meets the criteria and recommendations listed above. If you have any queries about the process, please email sydneypaedneurology@gmail.com

(PARENT/GUARDIAN SIGNATURE) (PARENT NAME) ____ / ____ / ____
(DATE)

Contact number

Email address

(PATIENT'S NAME) ____ / ____ / ____
(DATE OF BIRTH)

Medicare card no:

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Medicare Ref.(position) no: ____

Medicare card expiry: ____ / ____ / ____

Private Health Fund Name:

Private Health Fund Number:

Parent's name on the card (Private health fund):
