

## Motion & Gait Analysis Laboratory

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**Lucile Packard  
Children's Hospital**  
AT STANFORD



## REQUEST FOR CONSULTATION

### Upper Extremity Evaluation

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Patient Name:

Date of Birth:

MRN:

Referral Date:

Social Security Number:

Referring Physician:

Phone Number:

Next Physician Appointment:

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Diagnosis:

Problem:

Specific Clinical Questions/Treatment Considerations:

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### PROCEDURES

#### ELECTROMYOGRAPHY (EMG)

L R

- Flexor Carpi Ulnaris
- Flexor Carpi Radialis
- Flexor Digitorum Profundus
- Brachioradialis
- Biceps Brachii
- Extensor Carpi Radialis

Others (Specify):

**DYNAMIC MOTION / KINEMATICS**

**VIDEO ANALYSIS**

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Referring Physician Signature