

**Medical Peer Review Assessment Form
Neurodiagnostics – EMG/NCS**

Reporting Physician:

Peer Reviewer:

Date Completed:

Type of Study:

Case#:

Report Completion:

Assessment Category	Yes	No	Comment		
Demographics correct					
History included					
Physical complete					
Description of electrodiagnostic data					
Temperature included					
<u>Report Accuracy*:</u>	1	2	3	4	5
Electrodiagnostic impression:					
<u>Recommendations:</u>	<input type="checkbox"/> YES comment below <input type="checkbox"/> None				
Comments:					
Follow-up post recommendations:					
* Grade	Meaning				
1	Complete agreement.				
2	No clinically significant discrepancy.				
3	Discrepancy which may potentially be significant depending on the patient's clinical situation.				
4	Discrepancy which almost certainly is clinically significant, and is likely to alter follow-up and/or treatment.				
5	Discrepancy which almost certainly is clinically significant, and is likely to alter short-term follow-up and/or immediate treatment.				