

Neuro Focus Center: QEEG Data Sheet

Please complete both sides of this page prior to your EEG recording.

Name: _____ Age: _____ Hand: R / L / Ambi Sex: Male / Female

Date of Birth: _____ Date of Recording: _____ Diagnosis: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent (s) Name / Relationship: _____ Parent Employer: _____

Spouse Name: _____ Spouse Employer: _____

Spouse Date of Birth: _____ Spouse Work Phone: _____

Primary Care Physician: _____ Primary Physician Phone: _____

Please circle either Y (Yes) or N (No) if you have a history or present symptoms of the following...	
Have you ever had a Head Injury (any form of head trauma...sports injuries, car accidents, falls)?	Y/N
If you injured your head, did you Lose Consciousness (pass out)?	Y/N
Neurological disease (Dementia, Parkinson's Disease, Alzheimer's Disease, Tremors, etc)?	Y/N
Seizures (Convulsions)?	Y/N
Drug abuse (Prescription and/ or non-prescription)?	Y/N
Alcohol abuse?	Y/N
Memory Difficulties?	Y/N
Confusion? (Disoriented to time (what month/ year it is), place (where you are), identity (who you are))	Y/N
Depression?	Y/N
Delusions, Hallucinations, Thought Disorders?	Y/N
Learning Disabilities? (Math, Reading, Spelling, Writing, etc.) (Please circle all that apply.)	Y/N
If you have a learning disability/ies, does it cause you to underachieve by at least two grade levels in two different subjects?	Y/N
Attention Problems (ADD / ADHD), Hyperactivity, Impulsivity (Circle all that apply)?	Y/N
Sleep Problems	Y/N
Anxiety	Y/N

Medications: Please list the names and dosages of any medications you are currently taking:

 Last Taken? _____ Prescribing Physician: _____

Numbers of hours of quality sleep last night? _____ Last full meal eaten how many hours ago? _____

Please *TURN OVER* and complete the back of this page! 

1. **Obtaining a Quality EEG Recording:** To ensure the best quality EEG recording, it is your responsibility to...
 - ✓ *Follow the technicians directions* ✓ *Blink as little as possible* ✓ *Move as little as possible.*
 - ✓ *Keep your eyes relaxed and still* ✓ *Keep your jaw still and relaxed* ✓ *Stay wide awake and alert*

Our technician will make every effort to obtain the best EEG recording possible. However, there are times, when in spite of best efforts, there may be too much artifact (drowsiness, eye movement, jaw movement, muscle tension) for proper QEEG (Brain Map) analysis. While this is rare, if it occurs, the EEG will need to be rerecorded. ***The ADD Clinic is not responsible for poor quality recordings due to the presence of excessive artifact. Please know that additional charges may be required if rerecording is deemed necessary.***
2. **Cancellations, Rescheduling, & Incomplete Recordings:** *Please note that there will be an additional charge for ...*
 - ✓ Repeating a recording due to excess artifact (eye blinks / movement, muscle tension, drowsiness)
 - ✓ Repeating a recording due to a lack of willingness or ability to perform the basics of the recording (such as when a child is unable to leave the electrodes or recording cap in place).
 - ✓ Rescheduling a recording due to late cancellation (cancelling less than 48 hours prior to your appointment)
 - ✓ Failing to show up for your scheduled recording appointment without canceling
 - ✓ Rescheduling a recording due to your late arrival for your recording appointment.
 - ✓ If your EEG data needs to be rerecorded, you have pre-paid the \$500.00 for the "brain map", and you decide you do not wish to complete the process and have your data rerecorded, you will have to pay the charges as noted by staff.
3. **Payment:** Payment is due upon arrival prior to your EEG recording session unless you have made prior arrangements with the Clinic Manager at Neuro Focus Center.
4. **Results of Your EEG / QEEG:** After your EEG recording is completed...
 - ✓ Your EEG data will be processed to make your "brain map" within about 3 *business days from the date of your recording*, though in some cases it may be completed sooner or later depending on clinic scheduling.
 - ✓ You will need to schedule a "map review" to review the results of your QEEG (Brain Map).
 - ✓ During your map review appointment, the clinician will review your QEEG results, the results of any testing and assessments that you have completed to date, incorporate this with the clinical history you provided, and provide his diagnostic impressions and treatment recommendations.
 - ✓ Any diagnoses and treatment recommendations staff members offer at the Neuro Focus Clinic are based on a comprehensive review of all the clinically relevant assessment information obtained about you or your dependents at the Clinic. Neither your diagnosis nor your treatment recommendations are based solely on your EEG / QEEG data. Rather, EEG / QEEG data is used to provide a more holistic picture of your functioning and to assist in making treatment recommendations.
 - ✓ Any clinical correlations of your EEG / QEEG patterns to your identified symptoms are based on the clinicians' clinical experience and the comparison of these QEEG patterns to those reported in the published literature and are not a diagnosis.
 - ✓ If the clinician suspect that you may EEG activity that warrants a neurological review (such as might occur in seizure disorder, dementia, etc.), you will be referred for a neurologist's (M.D.'s) evaluation.
 - ✓ The neurologist (M.D.) is solely responsible for their diagnostic findings and recommendations.
5. **Consent to Use Data for Educational Purposes:** Periodically, the clinician may review the EEG and QEEG data from multiple individual clients of the Clinic who struggle with similar types of symptoms in order to determine if there are any common QEEG patterns that may provide additional information about the nature of particular symptoms and / or aid in developing better treatment approaches (for example, are there any QEEG patterns that are common to people who struggle with math learning disabilities, etc.). Clinician may also present examples of these patterns, taken from clients at this or other Clinic, for instructive and educational purposes at professional conferences, public presentations, etc. But all personal information will stay confidential. *If QEEG data is presented publically, it is done so that no identifying information is used.*
6. **Understanding and Consent:** (By signing below you indicate that you understand and give your consent to points 1-5 on this page for yourself or your dependent):

Patient or Responsible Party Signature: _____ Date: _____

For Office use only – verification that client has read and understands the Neuro Focus Center Clinic QEEG Data Sheet. Authorized Representative Signature: _____ Date: _____
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