

**Neurogenensis Neurofeedback QEEG Brain Map Check List**

**Please bring payment at the time of brain map**

**Date:\_\_\_\_\_\_ Price:\_ adults $750.00 child\_ERP $200.00 \_\_\_\_\_**

**Please print, sign, & bring this document to the QEEG appt.**

1. The day before your QEEG, wash your hair with baby shampoo to stripe hair product residue, and oils from your hair and scalp. Make sure hair is completely dry

2. Do not take stimulants, marijuana, or psychoactive drugs at least 5 days before the appointment, if possible.

3. Do NOT discontinue prescribed medication; if possible, take them right after the appt

4. Do not drink coffee or caffeinated beverages the morning of the appt

5. You ought to have a good night’s sleep prior to the appointment

6. Be very well hydrated 48 hours before the appointment. Avoid sports and monster-type drinks and beverages with high fructose corn syrup.

7. Eat well the day before and the morning of the QEEG appointment.

8. Please come in relaxed and calm. They will be asked to wait in the lobby if they have someone with them.

9 Please leave all phones and electronic devices in the car or home. We need to minimize all extra electrical noise in the room so it doesn’t contaminate the electrical information that the QEEG cap records.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Slept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Since Last Meal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Medication | Dosage | X per day | Last Dosage |

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Primary Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_