

## qEEG CHECKLIST AND CONSENT

By my signature affixed below, I, \_\_\_\_\_ agree to undergo Quantitative EEG (qEEG) collection conducted by Neurotherapy Center of Houston, LLC.

I understand that a qEEG consists of recording the electrical activity of the cortex captured by non-invasive sensors attached to my scalp and earlobes. I further understand that no electricity is introduced into my body by the process.

I understand that the person undergoing the qEEG assessment will be wearing a cap similar to a swim cap for approximately 1 hour. During this time small amounts of gel and exfoliating scrub will be applied to areas of the scalp. All efforts will be made to remove gel and scrub from the hair, but you may prefer to bring a hat to wear afterward. The qEEG room is often cold so please dress accordingly.

In order for us to obtain an accurate map, the person undergoing the qEEG must be able to do some specific things:

- o Obtain **two** good nights of sleep prior to your appointment.
- o Double-wash your hair and refrain from using conditioner and other hair care products.
- o Consume a moderate meal that is low in sugar 30-90 mins prior to appointment time. Refrain from any caffeine substance (e.g. coffee, soda, diet pills) the day of the brain map.
- o Refrain from the use of any nicotine substances 14 hours before the brain map. Refrain from the use of alcohol for 72 hours before the map. Refrain from drugs several days before your appointment (except those prescribed by your doctor).
- o Please consult brain map technician before scheduling an appointment if taking any substance such as herbal supplements, or any over the counter, prescription, or illicit drugs.
- o It may be necessary to remove contacts during recording of brainmap. Please bring solution and case.
- o With eyes open and closed you must be able to be still while remaining alert.

I understand that the fee for the qEEG assessment is \$750.00 payable on the day of service to the Neurotherapy Center of Houston, LLC unless other arrangements are made ahead of time. I understand that this fee also includes the follow up appointment to discuss the results of mapping and the treatment plan developed from the data collected. Please bring this signed form to your appointment.

\_\_\_\_\_  
Your Signature