



PATIENT INSTRUCTIONS FOR qEEG (Quantitative Electroencephalography)

- Get a good night's sleep. This will affect the quality of your data. If you are tired, your brain will look tired!
- Eat a healthy meal 1-2 hours prior to the test (avoid sugar).
- Be sure to hydrate with water or other **non-caffeinated** fluids.
- Your hair needs to be clean and dry.
 - DO NOT use ANY conditioner, mousse, styling gel, hair spray or other products after washing your hair.
- Continue taking your prescription medications as indicated by your doctor
 - Please bring a list of all medications taken regularly
 - Date you started taking each medication
 - Dosage of each medication
- Note the time last time each medication was taken so you can let the therapist know
- Avoid taking any non-prescription medications 12 hours prior to your qEEG
- If you wear contact lenses, be prepared to remove them. Contact lenses may cause increased blinking.

STOP the following prior to your qEEG

- **Caffeine:** No caffeine 6 hours prior to testing
- **Nicotine:** No nicotine products 3 hours prior to testing (this includes: vapes, chew and/or patches)
- **Alcohol:** No alcohol 12 hours prior to testing
- **Marijuana:** No marijuana 72 hours prior to testing

**Please contact the CereScan office at with any questions or concerns.
(866) 722 - 4806**



INFORMED CONSENT

Quantitative Electroencephalography (qEEG) is a measurement of electrical brainwave activity on the cortical surface of the brain. It evaluates the efficiency at which a person's brain functions, and assists physicians in directing a patients' treatment path. The analysis reveals functional brain inefficiencies, in many cases with a 95% degree of accuracy.

While a qEEG provides valuable input that assists in the diagnosis of various psychiatric and psychological conditions, it is a fundamental principle that one method alone should not be used to make a diagnosis or for decision making. Therefore, a qEEG must be integrated and closely correlated with a patient's clinical and medical history. Measurements are used to **assist** in the diagnostic process of various neurological, neurodegenerative, and psychiatric conditions. It is not intended to diagnose neurological disorders, tumors, evaluate epilepsy, or other medical conditions.

The qEEG evaluation is noninvasive, and no electrical current goes into the brain. The electrode cap is tight fitting, and in some cases, can become uncomfortable. Depending on the thickness of a person's scalp, it may require the skin to be scratched in tiny areas under a few of the electrodes to obtain a good connection.

MEDICATION CONCERNS:

The effects of numerous medications on qEEG results are relatively known, and therefore will allow for interpretation of the qEEG even if the patient is taking those medications. The effects of some medications on the qEEG results are not known.

If the ordering physician has any concerns about the effect current medications will have on the results of the qEEG, it is up to them to recommend any medication changes. Any change to medications prior to a qEEG, must be supervised and directed by the patients prescribing physician, as improperly decreasing or abruptly stopping some medications may be life threatening or detrimental to your health.



Financial Responsibility

Without submitting a claim to health insurance, the out of pocket cost for a qEEG is \$900.00. I understand that I am financially responsible for this amount. **Initials** _____

If I choose to submit a claim to insurance, I understand that I am responsible for all portions not covered by insurance, including copayments, co-insurance and deductible amounts. **Initials** _____

I _____ have read the Patient Instructions, Informed Consent, and Financial Responsibility information.

My signature, or signature of guardian, indicates my understanding and agreement to all the provisions stated herein; that I have clarified all uncertainties before signing, and gives consent for CereScan to provide qEEG services for:

Patient Name (Please Print) _____

Patient Signature: _____ Date: _____

Responsible Party: (Please Print) _____

Responsible Party Signature: _____ Date: _____