WHOLE Foundation: Foster Care & Adoption Center of Excellence for Scottsdale Neurofeedback Institute (SNI) Mapping Service QEEG Intake Form

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Name (Mental Health Professional / Referring Clinician): Virginia Hatch-Pigott, MD, FAAP, MSW, QEEG-D

Patient's Name:

Age:

Handedness:

Sex:

Date of Birth:

Date of Recording:

Diagnoses?

Current Medications & Dosages:

When were medications last taken?

Which medications were taken prior to EEG recording?

For office use only: Eyes Closed Raw EEG File Name:
Eyes Open Raw EEG File Name:
Equipment (amplifier type) used to record the raw EEG?

Circle either Y (Yes) or N (No) if there is a history or current presence of the following symptoms	History	Present
Head Injury (any form of head trauma…sports injuries, car accidents, falls)?	Y/N	Y/N
If you injured your head, did you **Lose Consciousness** (pass out)?	Y/N	Y/N
Neurological disease (Dementia, Parkinson's Disease, Alzheimer's Disease, Tremors, etc)?	Y/N	Y/N
Seizures (Convulsions)?	Y/N	Y/N
Drug abuse (Prescription and / or non-prescription)?	Y/N	Y/N
Alcohol abuse?	Y/N	Y/N
Memory Difficulties?	Y/N	Y/N
Confusion? (Disoriented to time (what month / year it is), place (where you are), identity (who you are)	Y/N	Y/N
Depression?	Y/N	Y/N
Delusions, Hallucinations, Thought Disorders?	Y/N	Y/N
Learning Disabilities? (Math, Reading, Spelling, Writing, etc.) (Please circle all that apply.)	Y/N	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	Y/N
Attention Problems (ADD / ADHD), Hyperactivity, Impulsivity (Circle all that apply)?	Y/N	Y/N
Sleep Problems	Y/N	Y/N
Anxiety	Y/N	Y/N
OCD Spectrum Symptoms	Y/N	Y/N
Autistic / Asperger's Spectrum Symptoms	Y/N	Y/N

Tester Comments (Note any relevant client history, issues with the EEG recording, etc.):

*****Please Note: It is the referring clinician's responsibility to accurately complete the information on this form. Data processing may be delayed until any inaccuracies can be clarified. If SNI must reprocess QEEG data due to inaccuracies on this form there will be a $125.00 reprocessing fee.*****

SNI Office Use Only	Billing Date for QEEG Processing:	Amount of Bill: