

Brain Health Clinic

Name of Client: _____ Age: _____ DOB: _____

Address: _____

City/State/Zip: _____

Phone: (home/cell) _____ (work) _____ SSN: _____

Referral source if referred to this office: _____ Phone: _____

Parent(s) or Guardian(s) of minor:

Name(s): _____

Address: (if different from above) _____

City/State/Zip: _____

Phone: (home) _____ (work) _____ (fax) _____

Physician / other health care professional for care coordination:

Name: _____ Phone: _____ Diagnosis: _____

Medications/Supplements:

I am currently taking the following kinds of medications and doses and have noted what the medications are for and what effects they have on me: (if I am not on medication I will write "none" in the lines below).

1. _____
2. _____
3. _____
4. _____
5. _____

Initial here _____

My most prominent physiological and neurological symptoms are:

1. _____
2. _____
3. _____
4. _____
5. _____

Initial here _____

Briefly list other approaches you have tried for this condition: (Medication, behavior therapy, counseling, alternative medicine, etc.?) _____

What benefits do you hope to gain from Neurofeedback or Psychotherapy?

Developmental History – Please indicate your (or your child’s) history in relation to the following:

<u>Prenatal and Birth</u>	<u>Yes</u>	<u>No</u>	<u>Details</u>
Prenatal stress or injury	_____	_____	_____
Prenatal drug/alcohol exposure	_____	_____	_____
Birth trauma (forceps, breech, etc.)	_____	_____	_____
Anesthesia, pain medications	_____	_____	_____
Anoxia (oxygen deprivation @ birth)	_____	_____	_____
Premature/late delivery	_____	_____	_____
Medical problems after birth	_____	_____	_____

<u>Growth and Development</u>	<u>Typical</u>	<u>More</u>	<u>Less</u>	<u>Details</u>
Activity level	_____	_____	_____	_____
Motor/coordination development	_____	_____	_____	_____
Infections/allergies	_____	_____	_____	_____
Emotional development	_____	_____	_____	_____
Behavior concerns	_____	_____	_____	_____
Handedness development	_____	_____	_____	_____
Appetite/digestion	_____	_____	_____	_____
Language/speech development	_____	_____	_____	_____

<u>Physical Traumas</u>	<u>Yes</u>	<u>No</u>	<u>Details</u>
Head injury (even minor falls, etc.)	_____	_____	_____
Coma (loss of consciousness)	_____	_____	_____
Accidents (list all)	_____	_____	_____
High fever	_____	_____	_____
Serious illness	_____	_____	_____
Surgery	_____	_____	_____
CNS infection	_____	_____	_____
Drug overdose/poisoning	_____	_____	_____
Recreational drug use	_____	_____	_____
Anoxia	_____	_____	_____
Stroke	_____	_____	_____

<u>Psychological Stress/Life Changes</u>	<u>Yes</u>	<u>No</u>	<u>Details</u>
Death in family	_____	_____	_____
Divorce/remarriage	_____	_____	_____
Move/relocation	_____	_____	_____
School change	_____	_____	_____
Job change	_____	_____	_____
Family member chronic illness	_____	_____	_____

Birth weight _____ Adopted at age _____ Other _____

INFORMED CONSENT FOR NEUROFEEDBACK/PSYCHOTHERAPY SERVICES

Dr. Gay Teurman, MFT, BCN is a Doctor of Clinical Psychology and a Board-certified Neurofeedback Practitioner with the Biofeedback Certification International Alliance (BCIA). Dr. Teurman has been practicing Psychotherapy for 17 Years and neurofeedback for over ten years and has extensive experience and expertise with the brain and brain related behaviors and abnormalities.

WHAT IS NEUROFEEDBACK? _____ Initials

EEG neurofeedback, or brain wave biofeedback is a non-medical, general training that takes advantage of the body's ability to self-regulate and seek balance. Non-invasive sensors or "electrodes" are connected to specific sites on the surface of the head. The sensors pick up brain waves and display them on a computer screen. The computer assists the brain in recognizing normal brainwave patterns and produces either visual or auditory feedback. When the brain is producing the appropriate balance of waves, it will receive positive feedback. When the brain is not producing the correct balance of waves, it will receive negative feedback. The specific type of feedback you will be receiving is dependent upon the protocol and will be discussed in session.

The feedback allows the brain to learn to produce balanced, efficient brainwave patterns more frequently. It has been Dr. Teurman's experience that this kind of training increases the strength and flexibility of the brain, thereby reducing emotional and physical difficulties, and supporting healthy brain/body functioning. Additionally, as the EEG dynamics stabilize, many improvements in mood, sleep, concentration, and behavior are seen by her patients. Dr. Teurman cannot, however, guarantee what the exact changes will be, or if they will occur at all. Many, but not all, see improvements.

THE STATUS OF NEUROFEEDBACK _____ Initials

While neurofeedback has been approved by the Food and Drug Administration (FDA) for stress reduction, the use of this device for treatment of medical conditions is still considered experimental. There is a plethora of research available regarding neurofeedback and its effectiveness with a variety of disorders including, but not limited to, uncontrolled epilepsy, Attention Deficit Hyperactive Disorder (ADHD), anxiety, alcoholism, Posttraumatic Stress Disorder (PTSD), mild head injuries, learning disabilities, stroke, depression, fibromyalgia, autism, insomnia, tinnitus, headaches, problems with physical balance, and peak performance (Hammond, 2006). Dr. Teurman is happy to provide you with literature about neurofeedback upon request.

Neurofeedback often produces very beneficial and lasting changes; however, there are cases where damage to the brain is such that remediation may not be possible, or there may only be partial improvement, which is more often the case. Dr. Teurman generally expects a positive response within the first 10-15 sessions. If no improvement is achieved in that time, she might recommend suspending training. In most of the cases where there is improvement in function, it then becomes the patient's responsibility to monitor progress, and to continue training if it is perceived to be of benefit. To that end, you will be asked to complete frequent evaluations that will measure treatment progress. Your ability to be as consistent as possible with these evaluations, in order to give Dr. Teurman the most accurate information about how the training is affecting you, will be very instrumental in helping her to make the best decisions about the course of training as it progresses. While there are often improvements in the first few sessions, neurofeedback training usually requires at least 20, and most commonly 20-40 sessions with a small number of follow-up reinforcement sessions for permanent change to take place.

LIMITATIONS OF TRAINING AND POTENTIAL RISKS _____ Initials

It is important to understand that a QEEG (quantitative electroencephalography scan) is NOT the same as a “clinical EEG” which is used in medical diagnosis to evaluate epilepsy or to determine if there is serious brain pathology, such as a tumor. The neurofeedback computer records the way a person’s brain waves function. It is not designed and is not used to diagnose medical conditions. Neurofeedback is a non-invasive, safe procedure, and no electrical current is put into the brain. To obtain good electrode connections, it is necessary to clean small areas of the scalp with rubbing alcohol and apply paste to attach the electrodes. These areas may feel irritated for a brief period. In terms of the neurofeedback training itself, only rarely have significant side effects been reported. Occasionally, someone may feel tired, spacey, anxious, experience a headache, have difficulty falling asleep, or feel agitated or irritable. Many of these feelings pass within a brief time following the training session.

If symptoms do not dissipate, you should report this at your next session so that the training protocol can be modified. Unwanted effects usually seem to be related to the instabilities in your nervous system that brought you to training in the first place. The goal is to keep you as comfortable as possible, although this is not actually necessary for effective training to occur (e.g. feeling sore after going to the gym does not mean you are not benefitting from the workout). Some patients may feel an increased need to sleep during the first few weeks of training. This may be due to a variety of factors, but in general, is considered normal and a sign that the brain is renormalizing between sessions. Please make allowances for the increased need to sleep, and sleep as your body requires. Please be aware that training can be incredibly relaxing. Please exercise usual caution and good judgment regarding your ability to drive afterwards.

MEDICATIONS AND CONSULTATION WITH YOUR PHYSICIAN _____ Initials (psychotherapy and neurotherapy)

You should also be aware of the relationship between neurofeedback and medications. Sometimes more neurofeedback sessions are needed if a client is on medication, and neurofeedback may change the dosage requirements for some medications. Therefore, it is very important that the physician monitoring your medication is made aware that you may require a dosage change. You will be asked to fill out a release, so Dr. Teurman may communicate with your prescribing physician regarding your neurofeedback participation, and the need to monitor you for overmedication. If you are experiencing unusual symptoms, you should discuss them with your physician. Do not stop or alter your medications without consulting with your physician. Neurofeedback is not a substitute for effective standard medical treatment. Neurofeedback training can substantially affect your glucose level as your brain works very hard when you train. Please have a meal or snack with protein before coming to appointments and let us know if you are diabetic or hypoglycemic. In addition, it is very important for Dr. Teurman to know if you have or have had epileptic seizures.

CONFIDENTIALITY _____ Initials (psychotherapy and Neurotherapy)

Information shared in sessions is kept confidential and will not be disclosed except in cases of: 1) Situations in which you are deemed to be a danger to yourself or others (i.e. threats of homicide or suicide); 2) Situations in which children are endangered or have been abused. 3) Information from training sessions that will be shared with professional colleagues. If you see Dr. Teurman in the community, she will not approach you; however, if you would like to approach her to say hello, that’s fine. Dr. Teurman takes confidentiality seriously, and by adopting a “you first” policy, she gives you the option to acknowledge your professional relationship with her of your own accord.

When participating in EEG Neurofeedback training, you are granting Dr. Teurman permission to share information regarding your medical history, training sessions, and training results with colleagues within in the field of neurofeedback for the purpose of case consultation and treatment enhancement. Names or other primary

identification information will not be shared. In participating in this treatment, you understand that a commitment of two times a week is expected to ensure optimal treatment effects.

Additional information may be shared with related parties, at your request, with a signed Release of Information.

DISSEMINATION OF NEW Q ASSESSMENT RESULTS _____ Initials

At the beginning of treatment, Dr. Teurman will conduct a QEEG assessment. A QEEG is an assessment that guides treatment for neurofeedback. It was designed for use with Dr. Teurman's system and may not be compatible with other neurofeedback systems. After the QEEG is completed, Dr. Teurman will provide you with a summary of the results in easy to understand language. Because the raw data obtained by the assessment can be difficult to understand, you may request that the raw data be sent, via email, to a qualified practitioner who has a good understanding of QEEG and brain wave assessments.

CANCELLATION POLICY _____ Initials (psychotherapy and neurotherapy)

If you need to cancel a session for any reason, you must do so more than 24 hours before your session. This gives Dr. Teurman a chance to contact the people who may have wanted a session, but could not get in. If you cancel within 24 hours or do not show up for the appointment, you are financially responsible for the full fee. The only instances where the fee will be waived are in cases of sickness, or family emergency. If illness or family emergencies become abundant, Dr. Teurman will discuss with you whether you believe you are able to commit to treatment, or if treatment should be put on hold until you are well enough, or your environment stabilizes. Your appointment times will not be held during that period.

If you are more than 15 minutes late for your appointment, your appointment will be cancelled, and you will be billed for a missed session at the full fee rate. If Dr. Teurman is late, you will still receive your full session. If you are concerned about your ability to make it to your appointment on time or at all, please cancel your appointment within the 24-hour window. Otherwise, the cancellation fee will be applied to the session.

FINANCIAL POLICY _____ Initials (psychotherapy and neurotherapy)

All payments are to be made at the time of service. If for some reason you have a balance owed on your account for more than 30 days treatment will be suspended until you are able to pay the balance down.

ADDITIONAL INFORMATION _____ Initials (psychotherapy and neurotherapy)

When you arrive for your appointment, please use the restroom BEFORE you come into the office. Once the electrodes have been placed and training has begun, you will not be able to use the restroom until the training has completed, which can take approximately 30-45 minutes. Parents are welcome to sit in on a few sessions initially to ease your child's anxiety and/or to gain a better understanding of the training experience and ask questions. After the first few sessions, parents will be invited into the session for the first five to ten minutes to discuss any changes your child is experiencing. Even though neurofeedback is not like traditional therapy, Dr. Teurman asks that her office be viewed as a therapeutic space, where you or your child can express feelings of discomfort or suicidal/homicidal ideations, so that she may help you obtain the appropriate services if necessary. Once a session has been started, it will not be stopped unless the patient or parent requests a break. Dr. Teurman respectfully asks that parents, or friends and family, do not disrupt the session except in the case of an emergency. If you or your child starts to fall asleep during treatment, Dr. Teurman will give three warnings to wake up. If three warnings are given and you or your child continues to fall asleep, the session will be an expensive cat nap. So, please make sure that you or your child gets an adequate amount of sleep the night before each session. Dr. Teurman's neurofeedback process takes into consideration the whole person. She may provide you or your child with specific therapeutic interventions designed to further improve treatment outcomes. While neurofeedback is not traditional therapy, there

may be times when you or your child may require additional support. Dr. Teurman may recommend therapy to address areas that are not improved by neurofeedback.

VOLUNTARY PARTICIPATION AND CONSENT TO NEUROFEEDBACK/PSYCHOTHERAPY

I, _____, have carefully reviewed the informed consent statement. I do voluntarily, knowingly, and willingly give my consent to the use of EEG neurofeedback and/or Psychotherapy.

I would like to receive reminders of my appointments, and other essential information.

Email: _____

Patient Signature (12 years old and up) Date

Parent or Guardian Signature Date

QEEG SYMPTOM CHECK LIST®

PATIENT NAME:

Age:

Date:

DIRECTIONS: Rate each problem where 0= None 1-2= Minimal 3-4 = Mild 5-6 = Moderate 7-8 = Severe 9-10 = Very Severe

Current Problems or Symptoms	SEVERITY 1 to 10	Age Started if severity >3	Optional Comment use back if necessary
Denial of a problem			
Attention Deficits – Easily Distractible, etc			
Auditory Sequencing (listening and putting things in correct order)			
Balance problems			
Blurred vision			
Chronic Pain			
Compulsive behaviors and/or thoughts			
Concentration Problems			
Decreased tactile (touch) or skin sensitivity			
Delusional (distorted fixed idea(s))			
Depression (sad or blue)			
Difficulty understanding social cues			
Difficulty calculating, e.g., math			
Dyslexia – letter reversal			
Executive function problems (judgment, decision making, self monitoring, organizing, etc.)			
Face recognition problems			
Failure to initiate action			
Generalized anxiety			
Hyperactive and/or agitation			
Impulsive behaviors			
Insensitive to others’ emotional expressions			
Insensitive to others’ feelings			
Low Motivation			
Low threshold for anger and loss of control			
Migraine headaches			
Mood swings			
Multi-tasking (recalls/performs several tasks at a time)			
Obsessive (unwanted and repetitive) thoughts			
Obsessive thoughts and/or hyper-focused			
Oppositional defiant conduct			
Orientation in space/location problems			
Perception of letters problems			
Poor judgment			
Poor skilled motor movements			
Poor social skills			
Receptive language (understanding what is said)			
Recognizing objects by touch problems			
Sequential planning (ability to plan step by step)			
Short term memory problems			
Slow reader			
Slowness of thought or easily confused			
Spatial perception problems			
Speech articulation (Speaking clearly in distinct syllables)			
Symptoms of fibromyalgia			
Word finding problems			