

Lori Coda. LLC
Neurofeedback/QeeG Practitioner



107 Romanock Road, Fairfield

loricoda@gmail.com

3 Hollyhock Lane, Wilton

www.loricoda.com

203 414-0834

QEEG INTAKE INFORM

Date _____

Client Name _____ Age _____ DOB _____

Address _____

City /State/Zip _____

Phone: Home _____ Cell _____ Work _____

Email _____

Parent/Guardian if minor:

Name 1.

Address _____

City/State/zip _____

Phone: Home _____ Cell _____ Work _____

Email _____

Name 2.

Address _____

City/State/zip _____

Phone:

Home _____ Cell _____ Work _____

Email _____

Physician/Health care provider:

Phone _____

Referral source: _____

Phone or contact info: _____

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Date _____

Name _____

DOB _____

CONCERNS

Please circle all that apply:

Self-regulation

Shy

Focus

Uncomfortable in social situations

Managing stress

Avoids social situations

Processing issues

Conversational flow

Communication problems

Lack of social interest

Relatedness

Gets "stuck" on particular topics

Learning challenges

Aggressive

Emotional stability

Rigid

Over-arousal

Difficulty making friends

Racy thoughts

Difficulty Maintaining Friends

Ability to think clearly

Difficulty with picking up social cues

Always "on the go"

Difficulty with perspective taking

Feeling tense

Talking "at" you not "with" you

School/work problems

Lack of social tools

Impulsive behaviors

Sensory Issues

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Date _____

Name _____ DOB _____

Medications and supplements may alter the EEG therefore please list:

Medications:

Supplements:

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QEEG THINGS TO REMEMBER:

- Download and complete QEEG Intake Forms
- Bring an Ipad downloaded with shows, movies and videos
- You can not play video games or use electronic devices
- Payment is expected upon services rendered

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Informed Consent for Quantitative EEG or Brain-Mapping

Lori Coda offers EEG (brainwave) biofeedback (Neurofeedback) training to clients requesting such services to address issues such as self-regulation, focus, communication,, managing stress and learning challenge Because each person brain functioning is different, it is important to know at what exact sites and for how long to do EEG biofeedback (Neurofeedback) training in order to maximize the brain's performance.

Clearly, it is important to have a baseline measure of the brain functioning in or to determine the precise EEG Biofeedback (Neurofeedback) training specifications. A Brain Map (Quantitative EEG) is used to plan the best training strategy as well as measuring the outcome of EEG Biofeedback (Neurofeedback) training.

A Quantitative EEG (QEEG) is a procedure where Lori Coda will place an electro-cap on you or your child's head and record the electrical activity of your brain. The instruments are merely measuring devices similar to an EKG. Sensors are built into the cap and touch the surface of the head in different sites of the brain which then record minute electrical signals generated by you or your child's brain. A computer records these signals and the data is then sent for analysis.

I have been advised to continue all ongoing therapies until otherwise advised or directed by my physician or by my own personal choice. After the EEG data is collected it will be analyzed by Dr. Leslie Sherlin, PhD, QEEG-D, BCN, BCB. In addition, I will have a choice to have an additional report by a neurologist if desired. This QEEG report will help guide the Neurofeedback training protocols.

Lori Coda does not make any diagnosis at all. She is not licensed by any board in Connecticut to diagnose, treat, prevent or cure any physical or mental illness. She has been trained in and administers QEEG recordings. If the client wants a diagnosis Lori Coda refers you to a licensed mental health provider and/or doctor to perform further diagnostic testing.

Upon receiving the results of the QEEG, Lori Coda will review the results with me

Lori Coda has explained the QEEG recording to me and has addressed any questions or concerns.

When you sign this form, you are indicating that you understand the information that it contains.

_____ Yes, I consent to receive a QEEG. I understand and agree to the terms of this document.

(Please check)

Name of Client _____ Birthdate _____

Phone # _____ Email _____

Client Signature _____ Date _____

Parent/Guardian signature _____ Date _____

(If child is a minor) Print Parent/Guardian Name _____