

Bona Dea Centre
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Name of person filling in this form: _____

Contact number: _____

Patient's name: _____

Date of birth of patient: _____

Handedness: LEFT / RIGHT / BOTH

Drugs, supplements, and herbal remedies taken in the last 7 days:

DRUG	DOSE	PRESCRIBING PHYSICIAN	WHEN LAST TAKEN

Is there a history of seizures or head injury? YES / NO

If yes, please describe

If a psychiatric or other diagnosis has been given, please state below:

Please list the main concerns regarding the person coming for the QEEG. Include emotional, behavioural, academic challenges.

Has an EEG been done previously? If so, what were the results?

Did you have breakfast this morning? YES / NO

Consent

I, _____, parent / guardian of

_____ (if applicable) give consent to the collection of EEG data by Justine Loewenthal. I am aware that it is necessary to place electrodes on the scalp.

I confirm that I have read through and understand the contents of the QEEG information document and have clarified any uncertainties.

I **give / do not give** consent for Justine Loewenthal to discuss the findings of the EEG and QEEG with other professionals and / or teachers involved with the patient, if the patient is a child.

Signature

Date