

QEEG INSTRUCTIONS

Patient Name: _____

Your doctor has ordered a Quantitative Electroencephalogram (QEEG). This test will assist your doctor in evaluating your brain function. Your preparation and performance during this testing is vital in order to obtain reliable results.

Please ask questions if you are not clear on these directions

- 1) Please avoid all recreational drug use for 7 days before the test.
- 2) No stimulants (caffeine, cigarettes, sugar, chocolate, ephedra, mahaung, teas, coffee) or depressants/relaxors (alcohol, valerian, passiflora) or any supplements on the day of the test and night before.
- 3) If possible, please delay the administration of any behavior or mood altering prescription on the day of the test (Stimulants, anti-depressants, anti anxiety, mood stabilizers). They can be taken after the test. If the test is in the morning, please avoid the evening dose. If you are not able to postpone the use of these medications, please inform your doctor.
- 4) On the day of the test, please shampoo your hair with "**Ivory**" dish soap, a minimum of three (3) times. Be sure to scrub your scalp thoroughly and completely rinse hair after each shampoo. DO NOT use conditioners, styling gels, hair sprays or any other hair products. **Please shampoo your hair as close to the time of the test as possible, however, your hair must be dry for the test.**
- 5) You will be fit with a cap that contains electrodes that must make good contact with your clean scalp. Nothing will penetrate your skin. There will be no shocks, but you will feel pressure from the cap.
- 6) The test will take approximately 1-2 hours. You will be asked to perform several tasks while recordings are made of your brain activity.
- 7) Have a "good" breakfast or lunch before your test. (No high sugar or high fat foods)
- 8) If there is anything you are not sure of, please ask. There are no dumb questions.

Date of your appointment: _____ Time: _____

Instruction sheet reviewed with patient and give/send to patient.

Date: _____ Initials of Employee: _____