

Neurofeedback & QEEG consent form

The purpose of this form is to obtain your voluntary consent to participate in the Neurofeedback Training program at Lisa's Holistic Rehab - OT&NFB and to disclose the potential risks associated with this form of therapy.

Disclosure and risks:

1. I understand that neurotherapy may produce a possible hypersensitivity to drugs and alcohol in some individuals.
2. I understand that it may be necessary to moderate medication dosages with my prescribing physician as neurofeedback training continues.
3. I also understand that neurotherapy may enhance my emotions, physical sensations and memory of selected events. Patients with posttraumatic stress disorder, panic disorder, generalized anxiety disorder, migraines, hypoglycemia, may experience a temporary increase in symptoms before treatment is concluded.
4. Participants who have been diagnosed with brain centered medical problems such as seizure disorder may be asked to consult with a neurologist before training begins. It is my responsibility to report any and all significant brain based disorders.

I have read and this form and understand potential risks associated with neurofeedback training. I agree to consent to participate in neurofeedback training and QEEG testing.

Date: _____

Client Name: _____

Client or guardian signature: _____

Staff Print Name: _____

Staff Signature: _____