



EEG/ERP-based Assessment

Introduction/Purpose:

An EEG/ERP assessment allows evaluation of brain physiological functioning and cognitive processing. This type of assessment is done through a recording of the brain's electrical activity. Electrodes are attached to the patient's head so that this electrical activity can be measured and recorded.

EEG/ERP-based assessment is recommended when the following conditions are suspected:

Attention Deficit Hyperactivity Disorder (AD/HD), Learning Disorders (LD), Anxiety, Sleep disorders, Depression, Panic Disorders, Traumatic Brain Injury(TBI) , Post Traumatic Amnesia (PTA) , Mild Cognitive Impairment (MCI), Minimally Conscious State , Malingering , Personality Disorders /schizoid, antisocial, and borderline and many others.

Preparation:

1. The hair should be washed prior to the procedure. No oils, lotions, gels, or hairsprays may be used before the assessment.
2. Hair must be free of beads, weaves, etc. No chemical treatments may be administered (coloring, perms, relaxers, etc) within 48 hrs. before or after the EEG.
3. A list of current medications is required before the assessment (including strength & frequencies).
4. If possible, medications should be postponed in the morning before the assessment. They can be resumed immediately after the procedure.
5. If a patient is using anti-acne medication, he/she will need to show locations where the medication is applied.
6. No food with high level of sugar (pastry, candies, chocolate, etc.) at least 4 hours before the procedure should be taken.
7. Drinking beverages stimulating nervous system (coffee, tea, coke, etc.) should be stopped at least 2 hours before the procedure.
8. The intake forms will require the patient or his/her parents to give a brief medical history of past and/or present.
9. Before the procedure we must be informed about any allergies the patient might have, including allergy to light/flashing lights, anti-acne medication, etc. We should also be informed about the patient's skin sensitivity.

Procedure:

10. Testing sessions typically occur during the hours of 8 am and 2 pm. The length of the procedure is about 1.5 hours. An absentee note can be provided by request for children and adolescents who are tested on a school day.

11. The patient will be sitting in a chair and asked to remain still and relaxed. Electrodes will be placed on the head with special conductive water-soluble jell (the jell will be washed out at the end of the assessment).

12. NO electric current will be passed into the scalp. On the contrary, the brain's electrical activity will be recorded.

13. The patient maybe asked to perform some cognitive task during the recording. The description of the task and specific instructions on how perform the task will be given before the recording.

After the Procedure:

14. After the assessment is complete, the electrodes will be removed from the head. The conductive paste/jell will be washed out.

15. The patient can resume his/her medications (if he/she is currently taking any) after the assessment is done.

16. No recovery time after the procedure is required and the patient can go home immediately following the assessment.

Results:

17. After the procedure, the recording of the brain bio-electrical activity will be analyzed and interpreted.

18. A feedback session needs to be scheduled to discuss the results and following treatment.

Insurance/Payment information:

19. AFG Guidance Center is an in-network provider for Blue Cross Blue Shield PPO. BCBS insurance will be billed per assessment code (including EEG recording, Digital Analysis, Functional Imaging, and Report preparation). A list of the billing codes will be provided separately in order to verify the coverage with the patient's medical insurance.

20. Any deductibles and copays are the responsibility of the insurance policy holder.

21. Payment for all out of network individuals is made at the end of each testing session based upon AFG billing policy. A detailed receipt for reimbursement from the insurance company will be provided.

I have read the above information and consent to EEG/ERP-based assessment.

Patient's Name: _____ **Parent/Guardian's Name:** _____

Patient/Parent/Guardian: _____ **Date:** _____
(Signature)

We are also interested in research, and data we collect is often included in our research studies. If data is used we protect the privacy of our patients by NOT giving any identifying information other than general demographic data.

I consent to having my data included in research studies (sign)_____

If you have any questions, please give us a call at 847-853-0234

(EEG/ERP Assessment, Dr. Elena Labkovsky)