

Quantitative EEG Referral Form

For Attention: Dr. JFL Mureriwa (Clinical Psychologist). Ph.D., BCIA-EEG.

Suite 1150 Louis Pasteur Hospital; 012-3200152; 082-5747145; clinic@biofeedback.co.za

Date:

Patient: Surname:..... Initials

Referring Doctor Dr.....

Main Symptoms:

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Diagnosis (es):

Medications List:.....

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Referral Questions: **[What question does the doctor want to be answered?]**

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OR Tick below

- Confirm brain dysfunction (any cause) _____
- Pre & post EEG: Commencing medication, surgery, psychotherapy _____
- Suspect ADD/ ADHD _____
- Suspect Epilepsy (neurologist still to confirm) _____
- Localize brain dysfunction: Left/Right; Anterior/Posterior/ Brodmann's Areas _____
- Confirm psychiatric diagnosis: depression/anxiety; OCD etc _____
- Medico-legal: Road Accident Fund (RAF) & others: Attorney letter required _____

Please ensure that patient has no braids/ hairstyling. No hair oils. Hair washed & dry.

Doctor/ Clinician Signature :