www.**Learning Recovery**.co.uk
qeeg@learningrecovery.co.uk
Tel; 01223 528755 Fax; 01223 420304

Dr Beverley Steffert,
Chartered Psychologist,
British Psychological Society
b.steffert@fce.bbk.ac.uk

Tony C. Steffert, B.Sc. M.A.
QEEG technician, member;
Society Applied Neuroscience
t.steffert@gold.ac.uk

Background Questionnaire

Name**:** **ID: Ir**

Date and time of EEG Recording:

Date of Birth: age now:

Home Address: (and name of parent if different to child)

Home No.
Work/Mobile:
Fax No.
Email:
Who recommended/referred you:

Reason for requesting assessment:

What do you intend to use the results of the QEEG for?

- Neurofeedback
- tDCS. Transcranial direct current stimulation
- Enhanced medication
- Other? (Please state)

Handedness i.e. Left, Right, Both

Occupational/History (i.e. occupational hazards that might have contributed to the problem)

Educational History
(i.e. best/worst subjects, learning style, specific or global learning difficulties at school)

Any unique talents (i.e. music, art, sports, bi-lingualism)

Medical History

- Birth circumstances (i.e. normal, premature, traumatic etc please describe fully)

- Serious illnesses

- Allergies

- Medication taken now

Psychological History

Do you suffer from symptoms such as?

Anxiety	□	Migraines	□	Memory lapse	□
Addictions	□	Learning difficulties	□	Febrile convulsions	□
Epilepsy	□	Heart conditions	□	Anger/aggression	□
Depression	□	Sleeplessness	□	Disabling stress	□
Mania	□	Eating disorders	□	Etc.	

Serious childhood physical, emotional or sexual abuse.
Please describe fully:

Were these diagnosed by a health professional and what was the advice?

Do you or did you take medication for the above.
If so, please give name and state dosage;

Signed