



LUCENT NEUROLOGY
A BETTER BRAIN- A BETTER YOU.

Neurofeedback Informed Consent

I hereby give my consent to the performance of diagnostic tests and procedures, and neurological treatment or management of my condition(s).

Neurological treatment or management of condition(s) almost always include an initial consultation and a brain map that's used to create a custom treatment protocol. As with most therapies, the treatment has the risk of releasing, eliminating, and/or changing emotions and habits.

Potential risks of neurofeedback are temporary tiredness, dizziness, or sometimes nausea post training sessions; relate neurofeedback to going to the gym, your body and/or mind may feel fatigued. Please notify your doctor or technician if you do experience any of these symptoms.

I have read the above explanation of neurofeedback therapy. I have had the opportunity to have my questions answered fully. I understand the practice of neurofeedback, like the practice of all healing arts, is not an exact science. I acknowledge that no guarantee can be given to the results or outcome of my care. I have fully evaluated the risks and benefits of undergoing treatment, and I am freely deciding to undergo the recommended treatment and hereby give my full consent to treatment.

I acknowledge that I need to show up on time, preferably a few minutes early. If I arrive too late for the appointment to commence or if I don't show up at all, **Lucent Neurology** reserves the right to charge you for a late fee/no show fee.

PATIENT'S NAME _____

SIGNATURE _____

DATE _____