

Quantum Health~Quantum Neurocare

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CONSENT FORM FOR NEUROFEEDBACK TRAINING SERVICES

This practice offers neurofeedback training for personal growth, transformation and treatment. It is impossible to predict your personal response to neurofeedback training or its outcome. In my experience each person's journey and results vary. For example, some people experience much shift and growth while others are slow and steady in their benefits. It's possible you will perceive little or no effect. Progress rarely follows a straightforward path, but rather goes "up and down", although we do want to see a general trend in the desired direction.

It is possible you may experience some unfamiliar effects during training. These can show up during the session, such as your heart beating rapidly or feeling sleepy. Or they may show up later in the day, such as fatigue, irritability, difficulty sleeping or a headache. These effects usually seem related to the instabilities that brought you into training in the first place, and indicate a shift occurring, which is always a positive sign when dealing with chronic, habitual patterns. My goal is to keep you as comfortable as possible, although this is not actually necessary for effective training to occur (e.g. feeling sore after going to the gym does not mean you are not benefiting). A small percentage of clients find their session is one of oscillating between the best they have ever been and the worst they have been. You will gain resilience and flexibility gradually, but you may decide it is too strenuous or difficult a process for you at this time. You will be the best judge of that. The most important thing you can do is to let me know how you are feeling both during and after sessions. Please be aware that the training can be incredibly relaxing. Please exercise usual caution and good judgment regarding your ability to drive afterwards. Most clients really enjoy their sessions. You do not have to "do" anything. Just sit back, relax with eyes open or closed and let your brain do the work.

Please do not hesitate to raise with me any concerns you may have, at any time. My commitment to you is to provide the best possible training I can, and to address your questions and concerns openly and with integrity. Beyond that, your training is a unique journey that we embark upon together.

In many cases, training may affect your body's response to medications. Please consult your prescribing physician and/or psychiatrist before altering any medications prescription.

If you wish to commence training, please sign below indicating that you have read, understood and accept the above information. Thank you!

Signature

Today's Date

Printed Name