**Premier Neurology and Wellness Center**

 1050 SE Monterey Road, Suite 201 Stuart FL

  **Electroencephalography (EEG)**

**Background:**

Electroencephalography (EEG) is typically a non-invasive diagnostic test to ­­­­­­record electrical activity of the brain along the scalp. In clinical setting, EEG refer to the recording of the brain’s spontaneous electrical activity over a period. The information these tests provide will allow physicians to create a treatment plan that address a patient’s specific symptoms.

**Why is the test performed?**

EEG is used the evaluation of brain disorders. Most commonly it is used to show the type and location of the activity in the brain during a seizure. It also is helpful for diagnosing or treating multiple disorders such as confusion, coma, head injury, tumors, confusion or memory difficulty.

**How is the test performed?**

A standard EEG typically takes about one hour including test preparation. The patient will be positioned on a bed or in a comfortable chair. To measure the electrical activity in various parts of the brain, an EEG technician will attach 20 electrodes to the scalp. To improve the conduction of these impulses to the electrodes, A gel will be applied to

them. Then a temporary glue will be used to attach them to the skin. The test is painless. The electrodes only gather the impulses given off by the brain and do not transmit any stimulus to the brain. The brain’s electrical activity will be recorded continuously throughout the test and neurologist will analyze the result.

**Test preparation:**

To prepare for an EEG you must wash your hair the night before or the day of the test, but don’t use any conditioners, sprays or styling gels. Hair products can make it harder for the sticky patches that hold the electrodes to adhere to your scalp. Also, avoid anything with caffeine on the day of the test, because caffeine can affect the test results. Make sure you take your usual medications unless instructed otherwise. The patient generally will be ready to go home immediately following the test. **PLEASE DO NOT USE ANY MAKE-UP**

**Cancelling Appointments:**

A notice of at least 24-hours is required should you be unable to keep your scheduled appointment. If appointment is unconfirmed after multiple attempts, it will be re-scheduled. **We reserve the right to charge a $100 fee for missed appointments or “no shows”.**

* **Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_­­­­­­­**
* **Appointment Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Patient Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_­­­­**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**