



QEEG Clinical Summary

Name: _____ Date: _____

DOB: _____ Age: _____

Please fill out this form with a few brief sentences to give a short summary for the doctor to review.

Symptoms: _____

Diagnosis: _____

Purpose of Study: _____

Social History:

Developmental History:

Medical History:

Family Medical History:

Family Psychological History:

Psychological History:

History of Present Illness:

Medications:

