

Orange County Neurofeedback Center

25251 Paseo de Alicia, Suite 201 Laguna Hills, CA 92653 (949) 594 - 1390

Neurofeedback/qEEG Referral Form

Patient Name:	
	th:
Referring Provider Name:	
	one:
Em	ail:
Reason for Referral:	
Referring for: ☐ Evaluation and Tre	eatment
Provider Signature:	Date:

Please Sign and Email to admin@neurofeedbackoc.com

Please have your patient contact Orange County Neurofeedback Center at (949) 594-1390 to schedule an appointment. We are happy to provide a 60-minute consult prior to the initial visit to discuss neurotherapy as a treatment option.

Thank you for your referral!