

Sample Patient 1

Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

Physician Only Report

Exam Date: Sep 12 2023 17:26
Le Mente Behavioral Health

EEG Frequency Analysis

	Score	Norms	
Eyes Closed: Posterior Peak Frequency	10.4 Hz	8 - 12	
Eyes Open: Theta/Beta Ratio	0.47	< 1	
Eyes Open: Frontal Alpha Asymmetry	4 %	-10 - 10	

Evoked Potentials (ERPs)

	Score	Norms	
Visual Processing	136 ms	P2 < 200	
Auditory Processing	168 ms	P2 < 200	
Attention / Vigilance	336 ms	P3 < 400	
Information Processing / Working Memory	356 ms	P3b < 420	

Behavioral Motor Test

	Score	Norms	
Reaction Time	422 ms	350 - 500	
Reaction Time Variance	2.6 ms	< 10	
Missed Responses	0 %	<= 6	
Wrong Responses	1 %	<= 4	

Physician Summary - Key Findings

Normal response time to visual and cognitive stimulus.

Normal P300 latency under go-nogo condition and neuronal capacity associated with attention and information processing.

Normal level of theta frequencies central brain activity.
Normal level of beta frequencies central brain activity;

Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.

Alpha left hemispheric dominance.

Possible signs of Anxiety;

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Self-Assessment Questionnaire

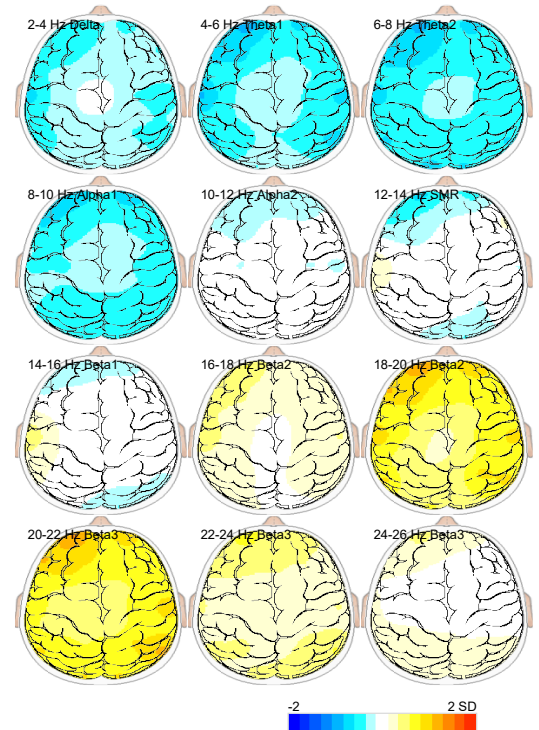
Don't have enough energy to get moving in the morning and sustain: 5 of 5
Decreased Attention / Distracted: 5 of 5
Anxiety, Feelings of worry: 5 of 5
Addiction / substance use: 5 of 5
Depression / Feelings of sadness: 4 of 5
Don't fall asleep or stay asleep at night: 4 of 5
Don't find enjoyment in previously enjoyable activities or events: 4 of 5
Anger / Agitation: 3 of 5
Aggressive, or hostile impulsivity: 3 of 5
Do things that result in isolation or distancing from others: 2 of 5
Difficulty multitasking/ disorganized: 3 of 5
Altered vision: 3 of 5

Key Findings

Anxiety



Eyes Open - Headmaps - Z Scored



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The electroencephalogram (EEG) has been a medical standard for the evaluation of general brain health and overall function. This test detects abnormalities in the brain waves, or in the electrical activity. The brain is the most important organ in the body at the center of the nervous system and controls all parts of the body. An EEG can detect minuscule abnormalities that occur as a result of the normal ageing process, mental diseases or disorders, brain insults due to trauma, and abnormal changes due to exposure to toxins, substance abuse, and acute or chronic events.

Eyes Closed: Posterior Peak Frequency: 10.4 Hz

Reference: 8 - 12 Hz



Eyes Open: Posterior Peak Frequency: 11.5 Hz

Marker of Cognitive Performance

Reference: 8 - 12 Hz



Eyes Open: Theta/Beta Ratio: 0.47

Marker of Inattention

Reference: < 1



Eyes Open: Frontal Alpha Asymmetry: 4 %

Marker of Depression, Anxiety

Reference: -10 - 10 %



Eyes Closed / Open Alpha Ratio: 2.07

Marker of Impaired vigilance regulation

Reference: > 1.2



Eyes Open: Brain Map Source - Deviations from normality

Brodmann Area (BA)	Frequency	Z-Score	Function
BA Left 9, 10 (11, 46)	18-20 Hz Beta2	2.4 SD	Attention (logical); Working memory (visual)
BA Left 9, 10 (11, 46)	4-6 Hz Theta1	-2.2 SD	Attention (logical); Working memory (visual)
BA Left 9, 10 (11, 46)	20-22 Hz Beta3	2.1 SD	Attention (logical); Working memory (visual)

Eyes Closed: Brain Map Source - Deviations from normality

Brodmann Area (BA)	Frequency	Z-Score	Function
BA Right 20, 21 (22, 38)	18-20 Hz Beta2	2.7 SD	Emotional regulation; Organization
BA Left 20, 21 (22, 38)	16-18 Hz Beta2	2.1 SD	Language comprehension, reading; Long term memory

Deviations < 1.5 +-SD are in normal range; Deviations > 6 +-SD are not considered due to likelihood of artifact.

Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.

Examination Duration: 25 min 44 sec



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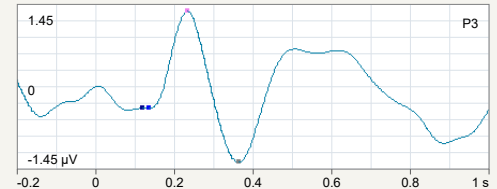
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Event-related potentials (ERP) are also referred to as evoked potentials (EP) and are a measurement of the brain's direct response to a specific sensory, cognitive, or motor event. ERPs have the ability to measure (to the millisecond) the speed in which the brain is able to process this information. This fast-paced processing is what allow us as humans to receive, filter, and process billions of pieces of information in order to make split-second decision every second of every day. Due to the sensitivity of ERP testing, we are able to detect changes in this processing speed that is related to cognitive decline. If this testing is performed early enough, these changes can be seen before they become physically noticeable. The ERP can detect slowing in physical reaction times and decision-making skills, as well as stress disorders, memory loss, and other neurological disorders.

Visual Processing: 136 ms



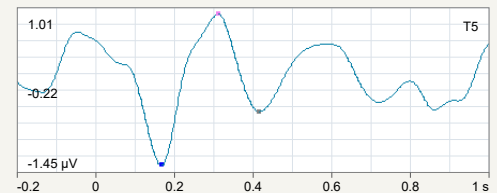
Reference: P2 < 200 ms
Amplitude: -0.26µV



Auditory Processing: 168 ms



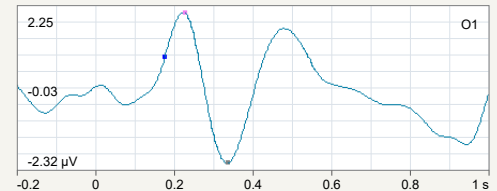
Reference: P2 < 200 ms
Amplitude: -1.53µV



Attention / Vigilance: 336 ms



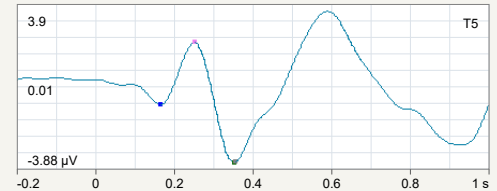
Reference: P3 < 400 ms
Amplitude: -1.96µV



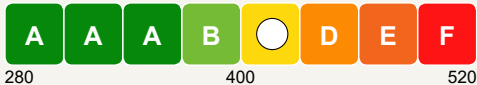
Information Processing / Working Memory: 356 ms



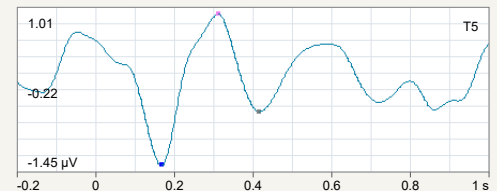
Reference: P3b < 420 ms
Amplitude: -3.87µV



Auditory Attention: 416 ms



Reference: P3 < 400 ms
Amplitude: -0.73µV



Normal P300 latency under go-nogo condition and neuronal capacity associated with attention and information processing.

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A natural process of ageing includes the decline in neuro physical and cognitive abilities. Behavior performance can be measured as it relates to the daily stressors that everyone faces, including neuro-physical, emotional and mental challenges. The observable changes can include changes in reaction time, errors in commission (how often you make mistakes), and errors in omission (how often you miss information). These performance measures can provide an accurate snapshot and an objective assessment of a patient's ability to effectively perform general or routine daily tasks and can indicate the level of decline.

Reaction Time: **422 ms**

Reference: 350 - 500 ms

Reaction Time Variance: **2.6 ms**

Reference: < 10 ms

Missed Responses: **0 %**

Reference: <= 6 %

Wrong Responses: **1 %**

Reference: <= 4 %



Normal response time to visual and cognitive stimulus.

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Medications:

buspirone 15 mg
doxepin 25 mg
lamotrigine 100 mg
Vraylar (cariprazine) 3 mg

Patient History:

Don't have enough energy to get moving in the morning and sustain: 5 of 5; Decreased Attention / Distracted: 5 of 5; Anxiety, Feelings of worry: 5 of 5; Addiction / substance use: 5 of 5; Depression / Feelings of sadness: 4 of 5;

Acquisition Summary:

Montage: Common Reference 21 channels;
Sampling Rate: 500Hz; High Pass Filter: 0.5Hz; Low Pass Filter: 60Hz; Notch Filter: 60Hz;
Examination Duration: 25 min 44 sec;
Test Type: Routine EEG, including spike annotations; ERP;
The patient was awake with eye open for an adequate period of time during the tracing; During the eye closed test stage, the patient became drowsy;

Physician Summary - Key Findings:

Normal response time to visual and cognitive stimulus.
Normal P300 latency under go-nogo condition and neuronal capacity associated with attention and information processing.
Normal level of theta frequencies central brain activity.
Normal level of beta frequencies central brain activity;
Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.
Alpha left hemispheric dominance.

Assessment:

Possible signs of Anxiety;

EEG Technical Analysis:

Standard EEG and digital analysis: This is a digital awake and drowsy electroencephalogram utilizing the standard 10-20 international placement protocols utilizing standard montages. Computer generated spike analysis and seizure detection was performed and reviewed and paroxysmal/epileptiform activity appreciated.

Start Time	Duration	SpO2	Spike & Sharp	PolySpikes	Periodic	Suppression	BurstSuppression	Irregular
Total	25 min 44 sec	98 % (87-100)	0	0	0	0	0	2
17:40	10 min	97 % (87-99)	0	0	0	0	0	2

Spike detection software was utilized; however, this study was not performed for the diagnosis of epilepsy; automated spike detection software often identifies EEG related artifacts.

QEEG / Loreta:

The power spectral analyses were deviant from normal during drowsy with elevated power in Multimodal posterior area - Middle temporal gyrus and especially right Temporal Lobe from 18-20 Hz (Beta2).

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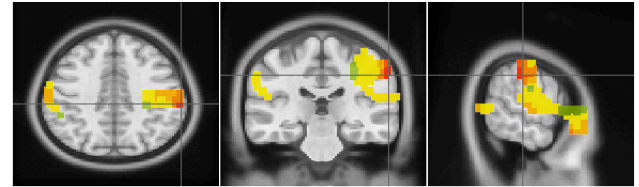
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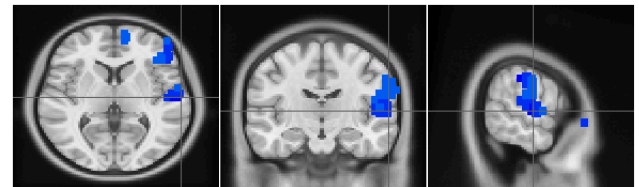
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Region: Frontal Lobe
Brodmann Area (BA): Left 9, 10
Secondary BA: Left 11, 46
Frequency: 18 - 20 Hz (Beta2)
Z-Score: 2.4 SD
Brodmann: Dorsolateral prefrontal cortex, Anterior prefrontal cortex (most rostral part of superior and middle frontal gyri)
Function: Attention (logical); Working memory (visual)



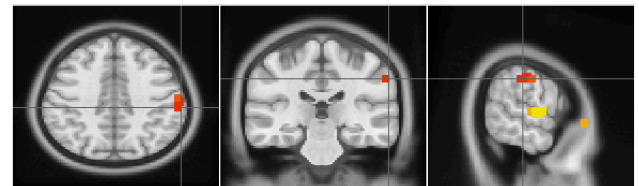
Description: Without question, BA9/10 has a significant participation in memory, particularly memory encoding, memory retrieval, and working memory. Those studies relating BA10 with 'event- and time-based prospective memory' and 'intentional forgetting', suggest the involvement of BA10 in controlling, and manipulating memory (metamemory). Hence, it could be argued that the middle frontal gyrus participates in an extensivememory circuit, and it has some fundamental role in organizing memory strategies and controlling memory. BA9/10 have also other evident executive functions, such as 'executive control of behavior', 'inferential reasoning', and 'decision making'. Its participation in complex language processes may suggest the use of verbal strategies in executive processing; in these cases (e.g., syntactic processing, metaphor comprehension, generating sentences, etc), an extensive network is activated, involving diverse language related areas. Interestingly, BA10 seems to be involved in attending to sensory stimulation (e.g., response to baroreceptor stimulation, response to painful thermal stimuli, and joint attention). Two studies related the middle frontal gyrus with processing emotions. This involvement may be related to making decisions about emotional stimuli.

Region: Frontal Lobe
Brodmann Area (BA): Left 9, 10
Secondary BA: Left 11, 46
Frequency: 4 - 6 Hz (Theta1)
Z-Score: -2.2 SD
Brodmann: Dorsolateral prefrontal cortex, Anterior prefrontal cortex (most rostral part of superior and middle frontal gyri)
Function: Attention (logical); Working memory (visual)



Description: Without question, BA9/10 has a significant participation in memory, particularly memory encoding, memory retrieval, and working memory. Those studies relating BA10 with 'event- and time-based prospective memory' and 'intentional forgetting', suggest the involvement of BA10 in controlling, and manipulating memory (metamemory). Hence, it could be argued that the middle frontal gyrus participates in an extensivememory circuit, and it has some fundamental role in organizing memory strategies and controlling memory. BA9/10 have also other evident executive functions, such as 'executive control of behavior', 'inferential reasoning', and 'decision making'. Its participation in complex language processes may suggest the use of verbal strategies in executive processing; in these cases (e.g., syntactic processing, metaphor comprehension, generating sentences, etc), an extensive network is activated, involving diverse language related areas. Interestingly, BA10 seems to be involved in attending to sensory stimulation (e.g., response to baroreceptor stimulation, response to painful thermal stimuli, and joint attention). Two studies related the middle frontal gyrus with processing emotions. This involvement may be related to making decisions about emotional stimuli.

Region: Frontal Lobe
Brodmann Area (BA): Left 9, 10
Secondary BA: Left 11, 46
Frequency: 20 - 22 Hz (Beta3)
Z-Score: 2.1 SD
Brodmann: Dorsolateral prefrontal cortex, Anterior prefrontal cortex (most rostral part of superior and middle frontal gyri)
Function: Attention (logical); Working memory (visual)



Description: Without question, BA9/10 has a significant participation in memory, particularly memory encoding, memory retrieval, and working memory. Those studies relating BA10 with 'event- and time-based prospective memory' and 'intentional forgetting', suggest the involvement of BA10 in controlling, and manipulating memory (metamemory). Hence, it could be argued that the middle frontal gyrus participates in an extensivememory circuit, and it has some fundamental role in organizing memory strategies and controlling memory. BA9/10 have also other evident executive functions, such as 'executive control of behavior', 'inferential reasoning', and 'decision making'. Its participation in complex language processes may suggest the use of verbal strategies in executive processing; in these cases (e.g., syntactic processing, metaphor comprehension, generating sentences, etc), an extensive network is activated, involving diverse language related areas. Interestingly, BA10 seems to be involved in attending to sensory stimulation (e.g., response to baroreceptor stimulation, response to painful thermal stimuli, and joint attention). Two studies related the middle frontal gyrus with processing emotions. This involvement may be related to making decisions about emotional stimuli.

Physician's Notes:

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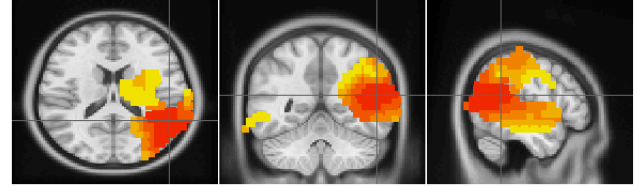
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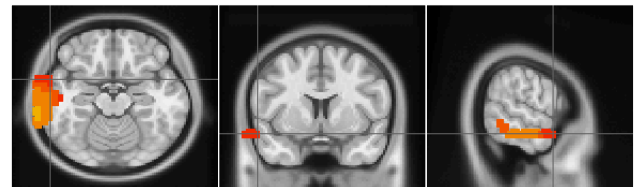
Exam Date: Sep 12 2023 17:26
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Region: Temporal Lobe
Brodmann Area (BA): Right 20, 21
Secondary BA: Right 22, 38
Frequency: 18 - 20 Hz (Beta2)
Z-Score: 2.7 SD
Brodmann: Inferior temporal, Fusiform and Parahippocampal gyri, Multimodal posterior area - Middle temporal gyrus
Function: Emotional regulation; Organization



Description: Usually, BA20 is not included as part of Wernicke's area. Indeed, different authors describe Wernicke's area in not completely coincidental way: some authors only include the posterior part of the superior temporal gyrus (BA22); some authors include the superior and middle temporal gyri; and there are authors that even include the angular gyrus of the parietal lobe as part of Wernicke's area. Functional neuroimaging studies suggest, without question, that BA20 should also be considered as part of Wernicke's area. Left BA20 participation in language understanding and processing is evident: lexico-semantic processing, metaphor comprehension, language comprehension and production, and selective attention to speech. Additionally, BA20, as part of the fusiform gyrus, also participates in some types of visual processing: in the integration of visual elements into perceptual wholes (single objects). BA20 involvement in the 'attribution of intentions' seems to be marginal.

Region: Temporal Lobe
Brodmann Area (BA): Left 20, 21
Secondary BA: Left 22, 38
Frequency: 16 - 18 Hz (Beta2)
Z-Score: 2.1 SD
Brodmann: Inferior temporal, Fusiform and Parahippocampal gyri, Multimodal posterior area - Middle temporal gyrus
Function: Language comprehension, reading; Long term memory



Description: Usually, BA20 is not included as part of Wernicke's area. Indeed, different authors describe Wernicke's area in not completely coincidental way: some authors only include the posterior part of the superior temporal gyrus (BA22); some authors include the superior and middle temporal gyri; and there are authors that even include the angular gyrus of the parietal lobe as part of Wernicke's area. Functional neuroimaging studies suggest, without question, that BA20 should also be considered as part of Wernicke's area. Left BA20 participation in language understanding and processing is evident: lexico-semantic processing, metaphor comprehension, language comprehension and production, and selective attention to speech. Additionally, BA20, as part of the fusiform gyrus, also participates in some types of visual processing: in the integration of visual elements into perceptual wholes (single objects). BA20 involvement in the 'attribution of intentions' seems to be marginal.

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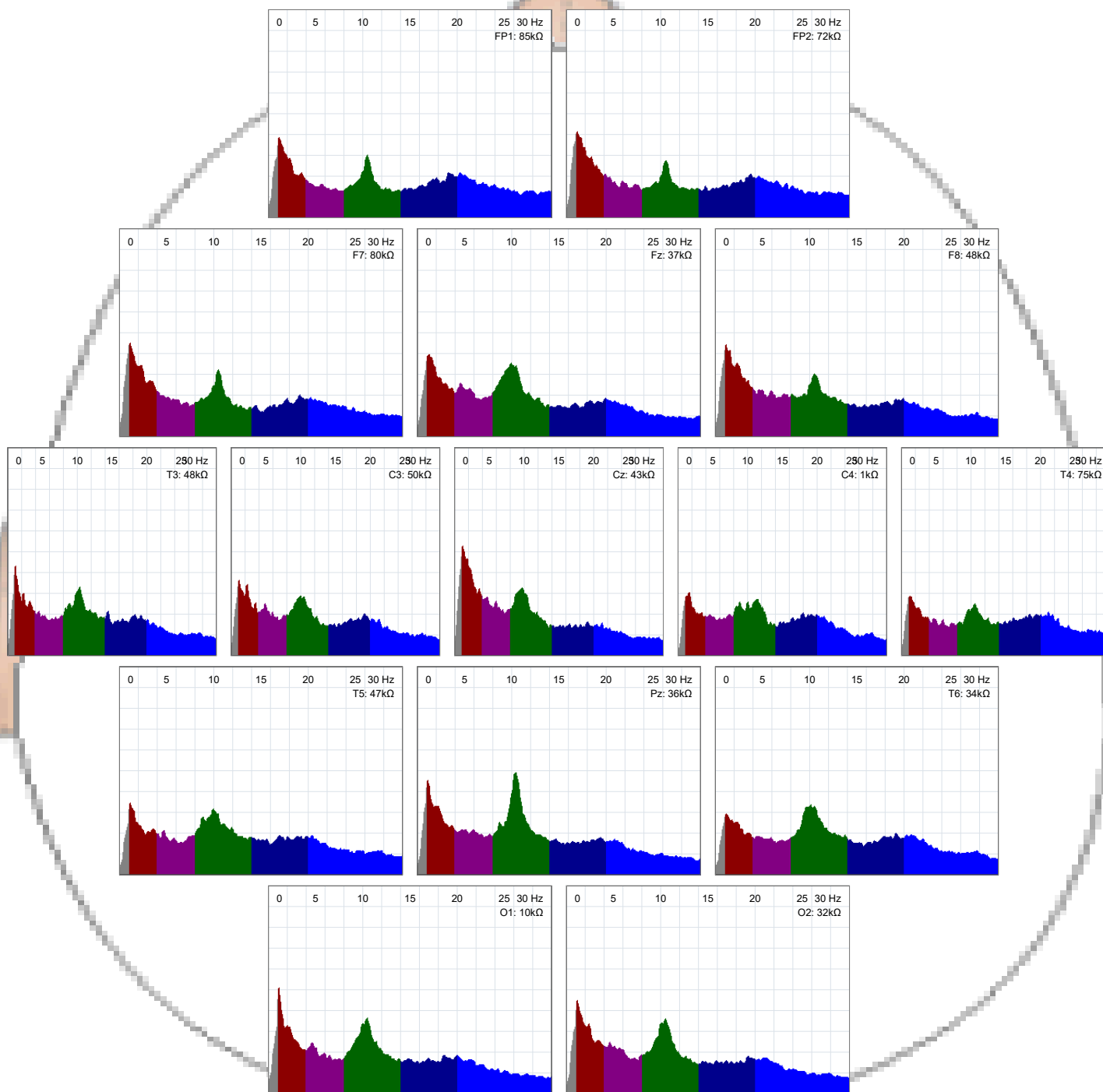
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Printed: Oct 31 2023 08:21

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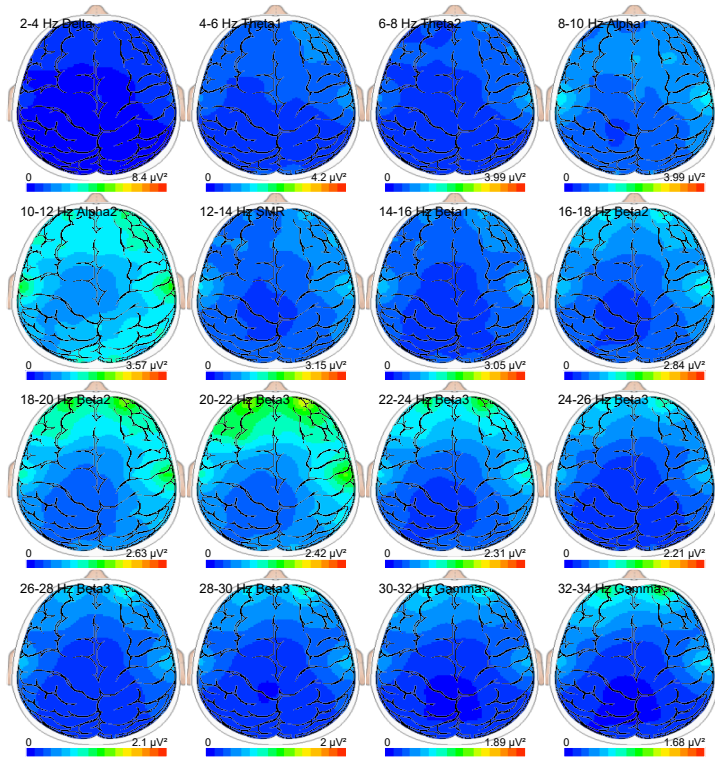
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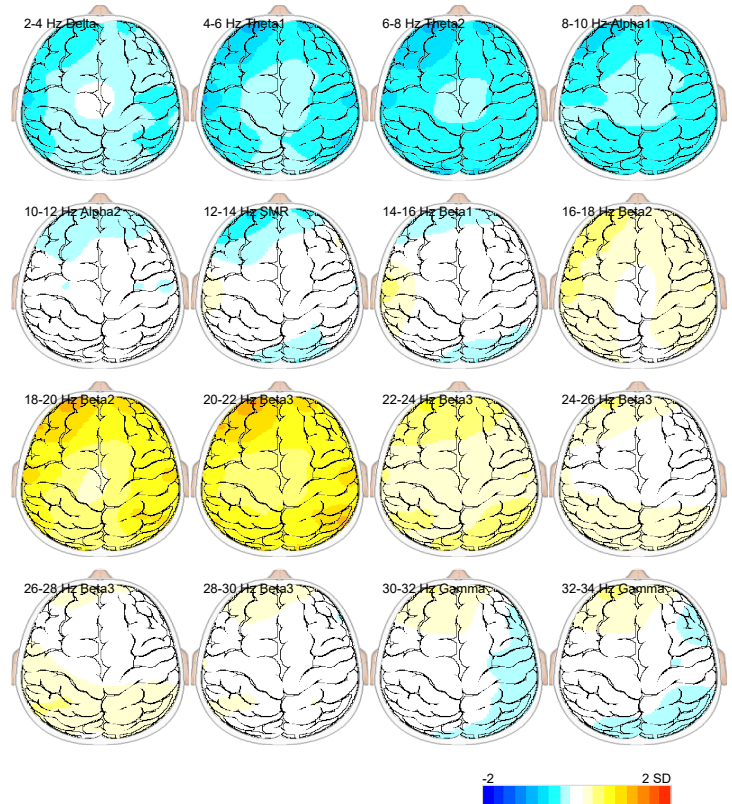
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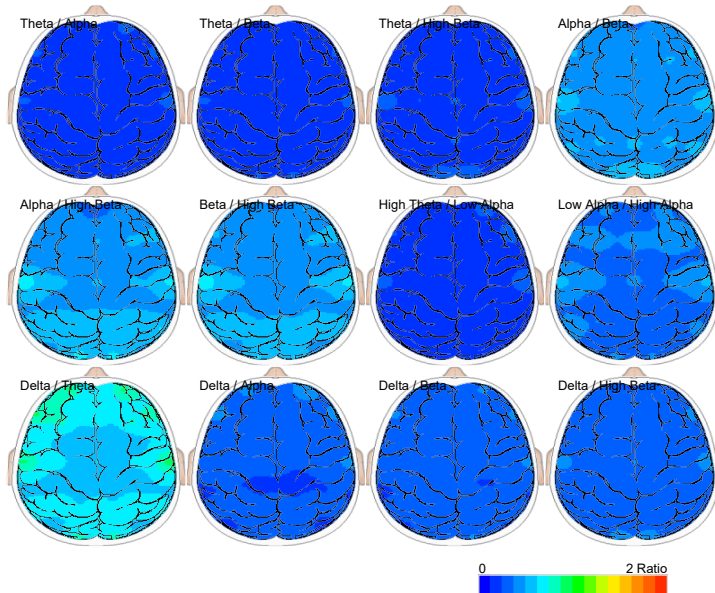
Absolute Power



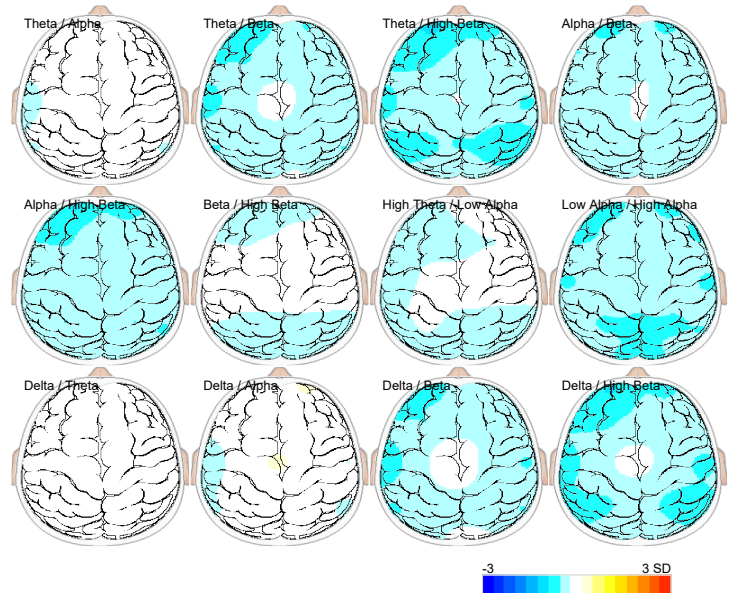
Z Scored - Relative Power



Power Ratio



Z Scored - Power Ratio

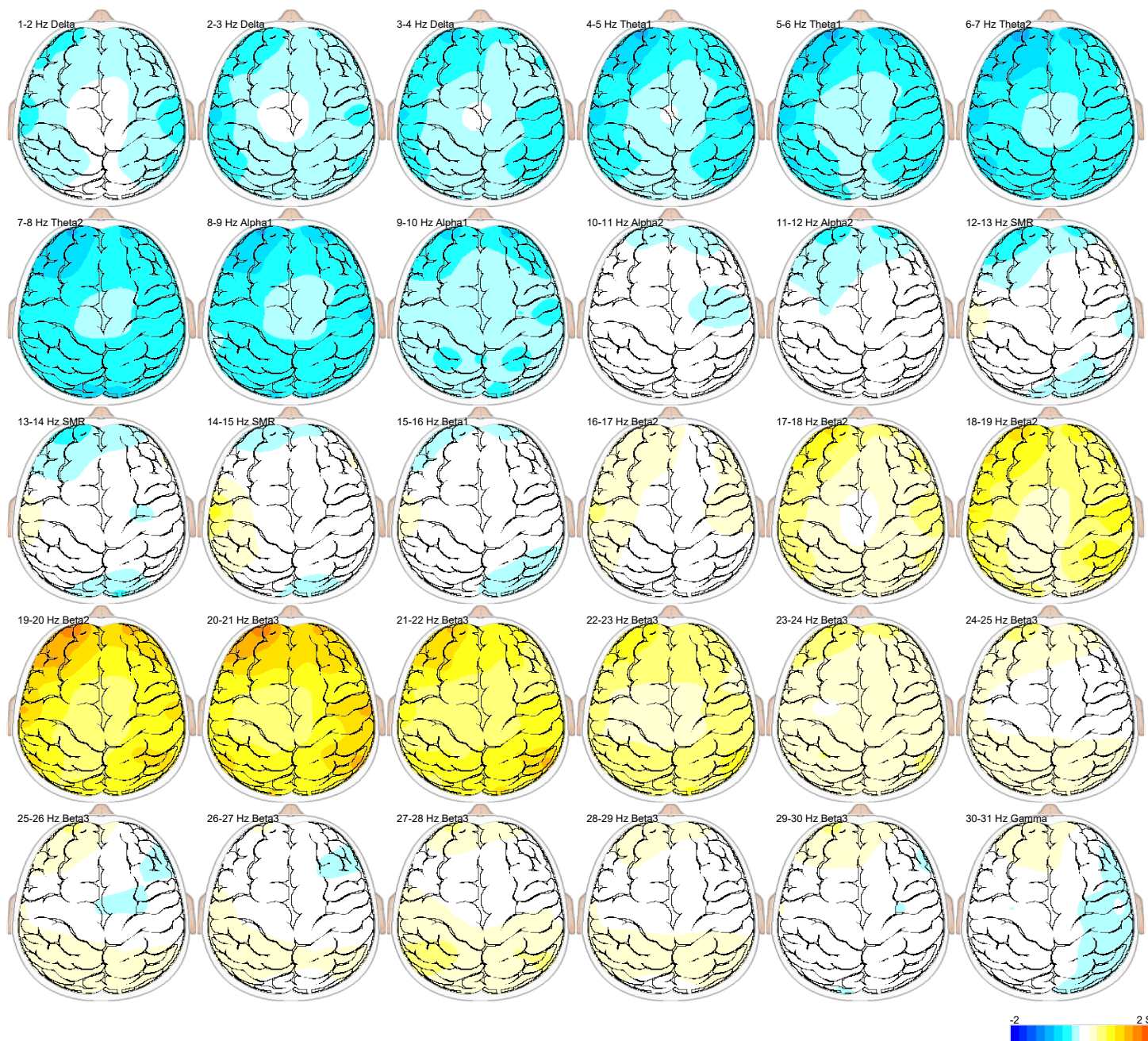


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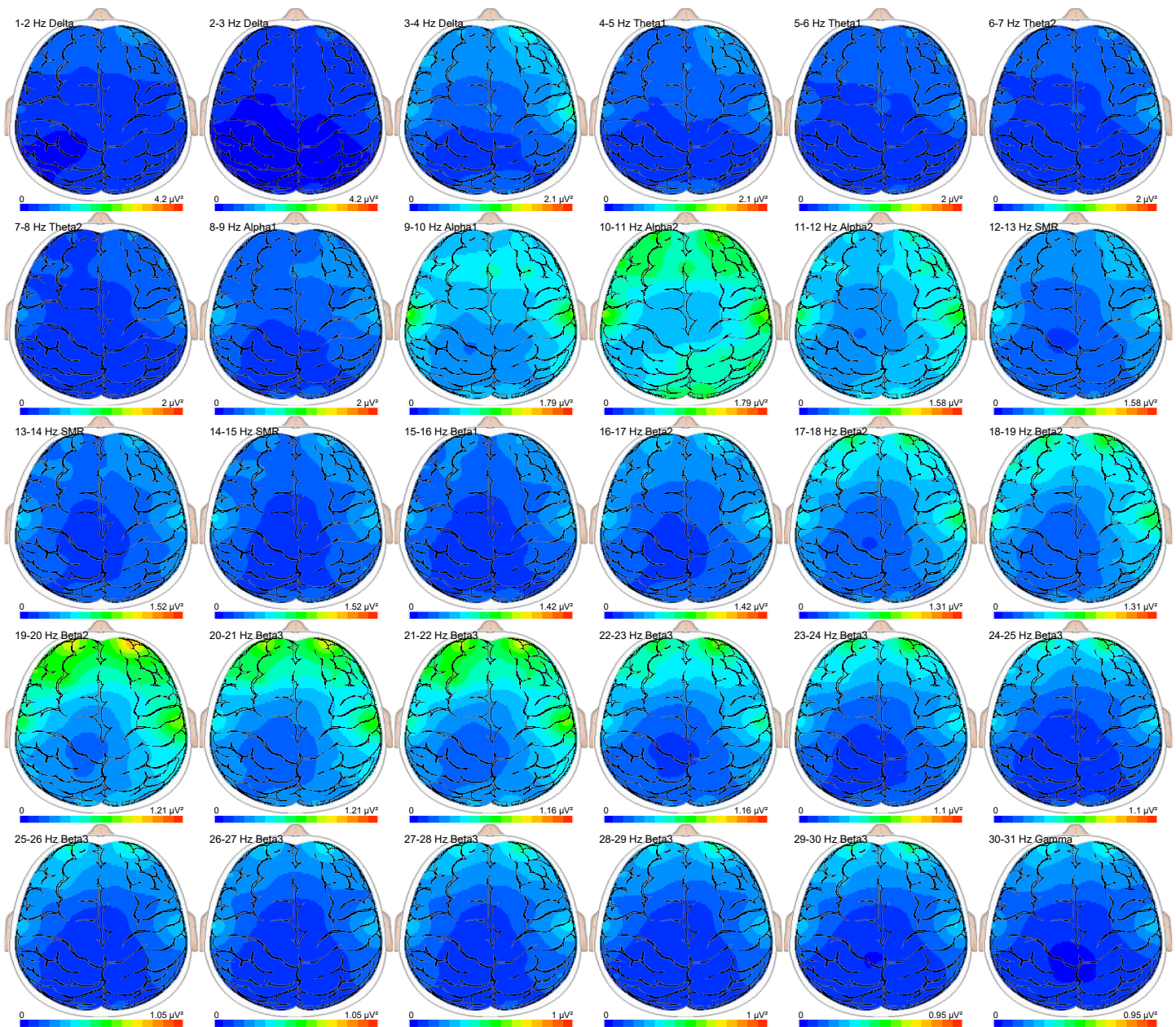
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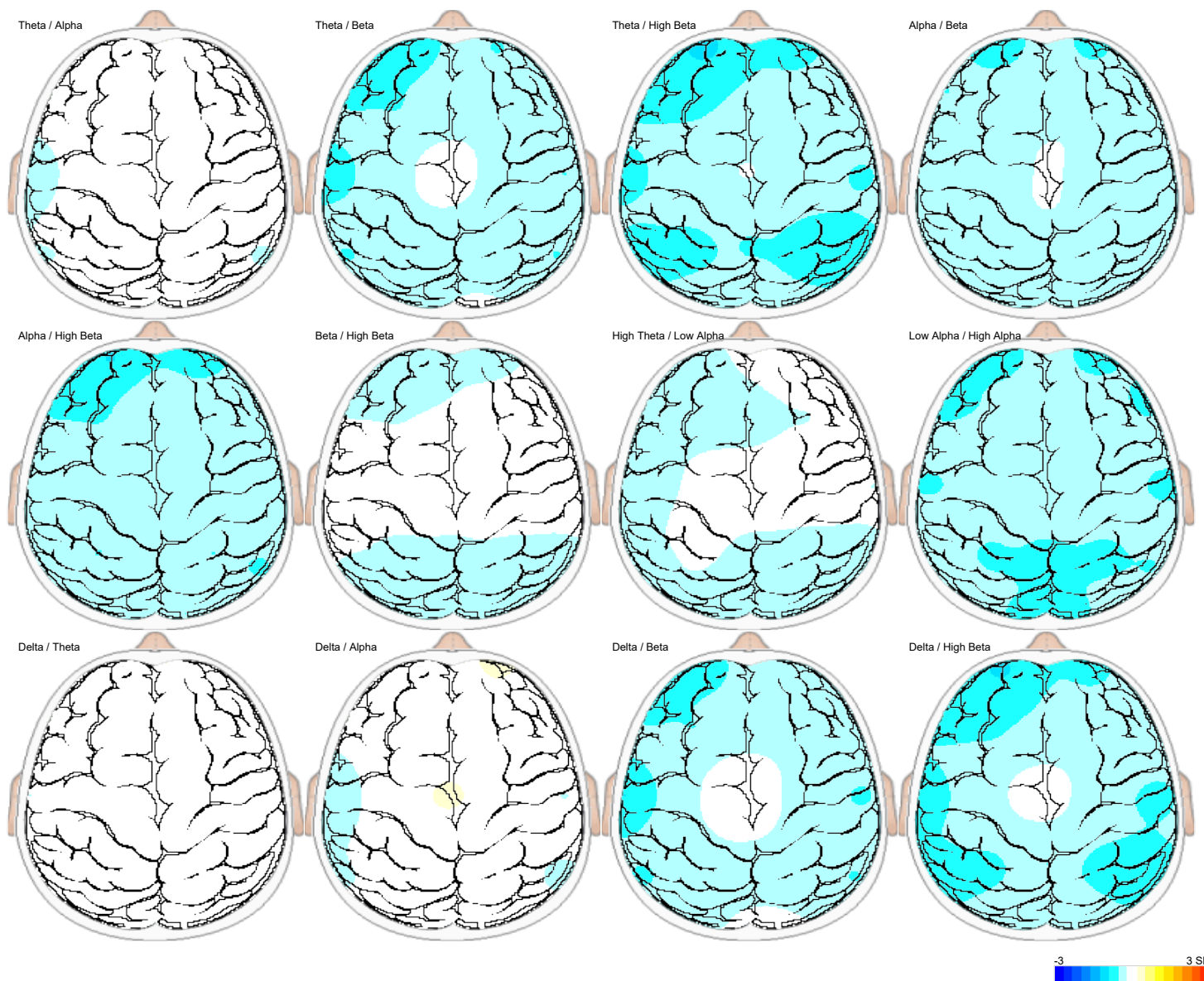
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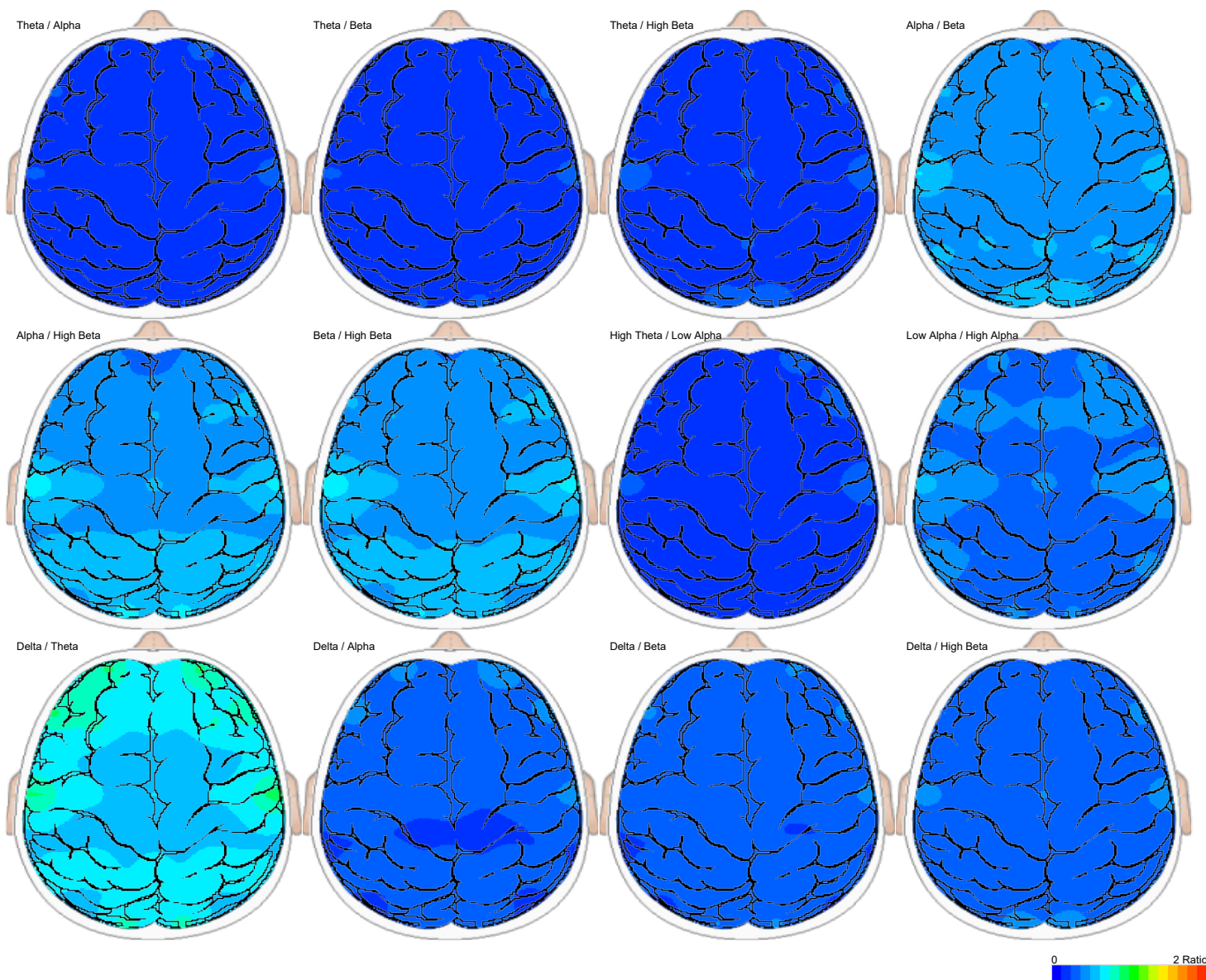
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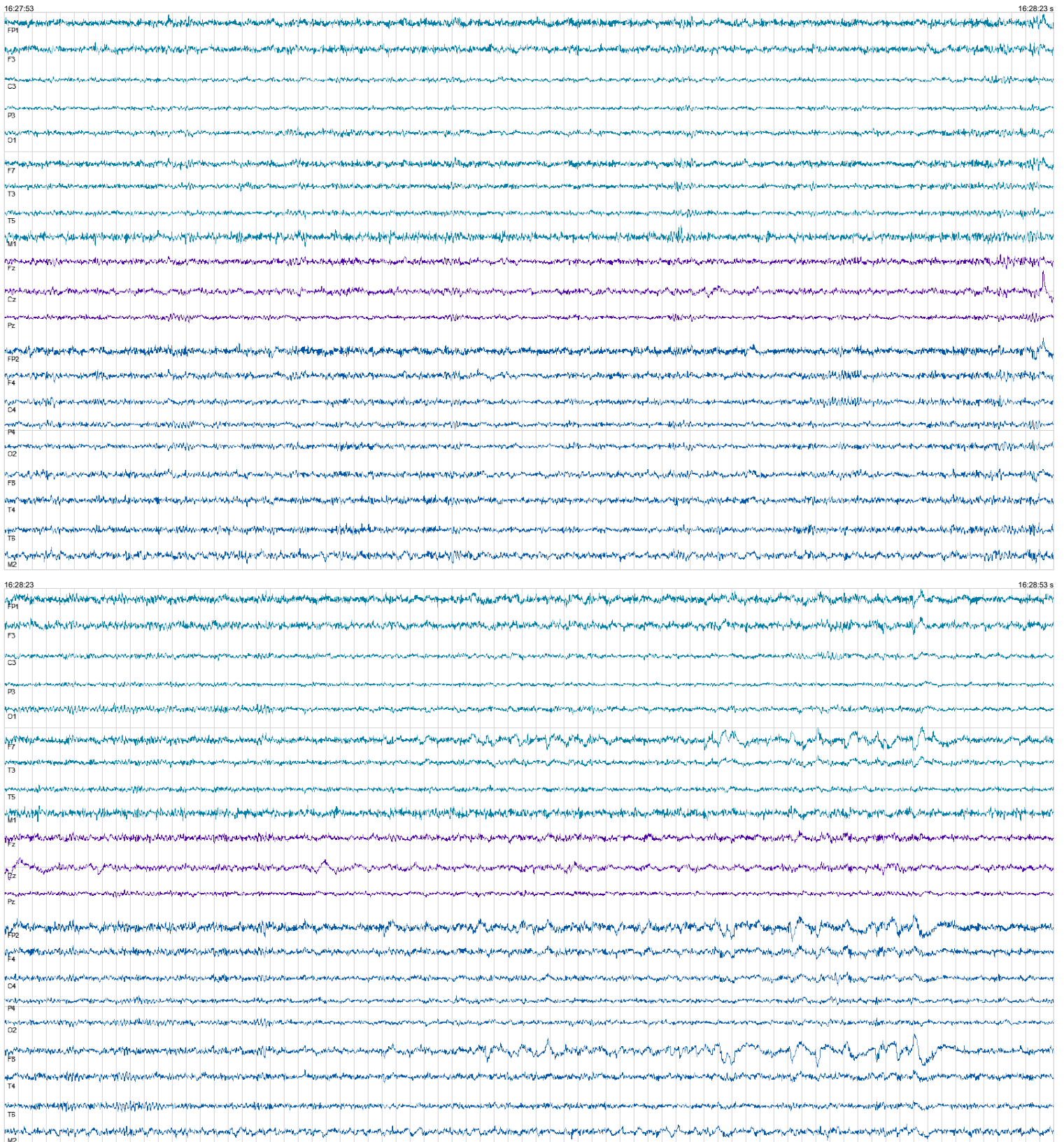
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30 sec / page; 200ms / grid; 80 μ V / channel; HPF 1Hz; LPF 40Hz; Average Montage;

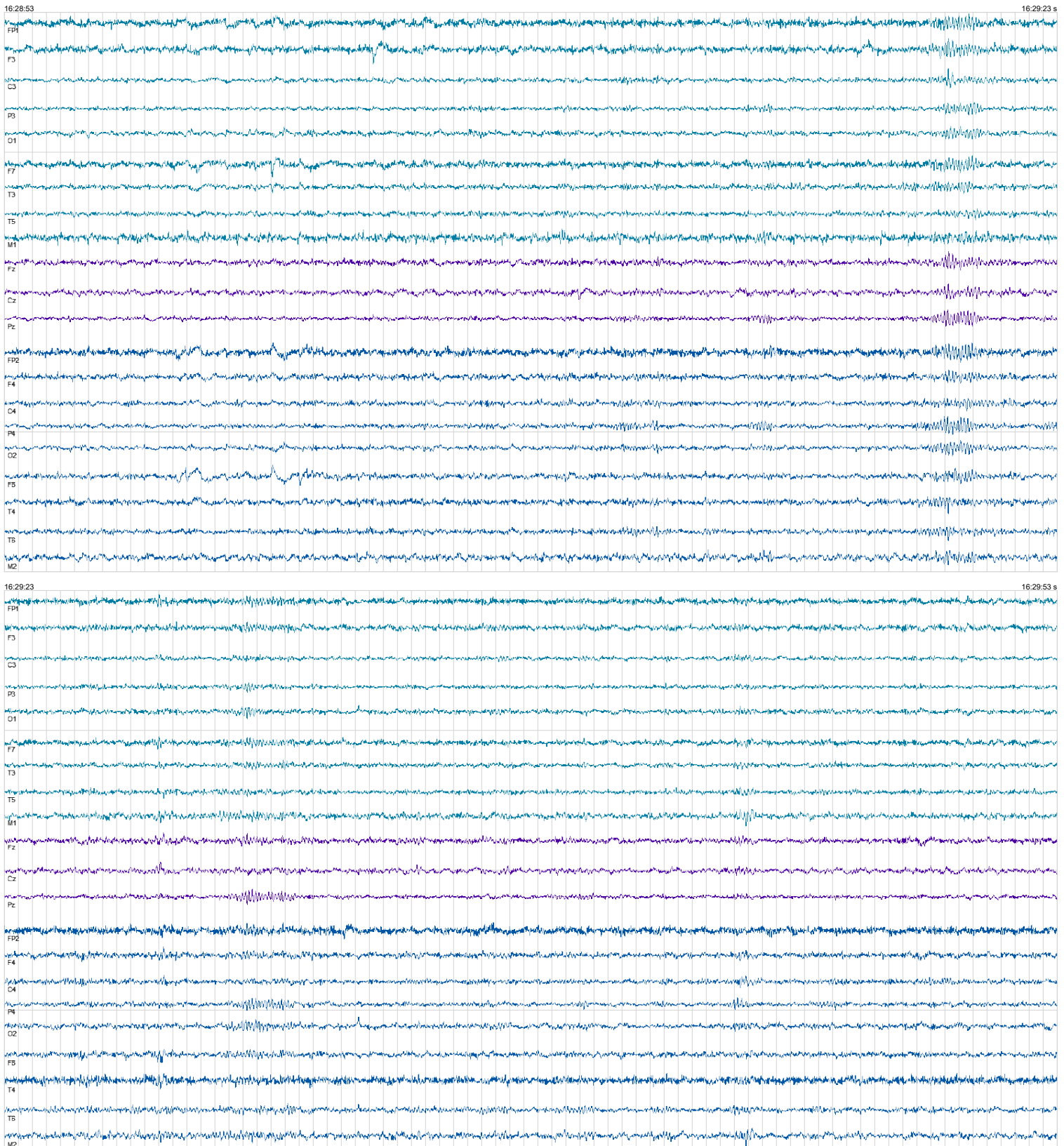
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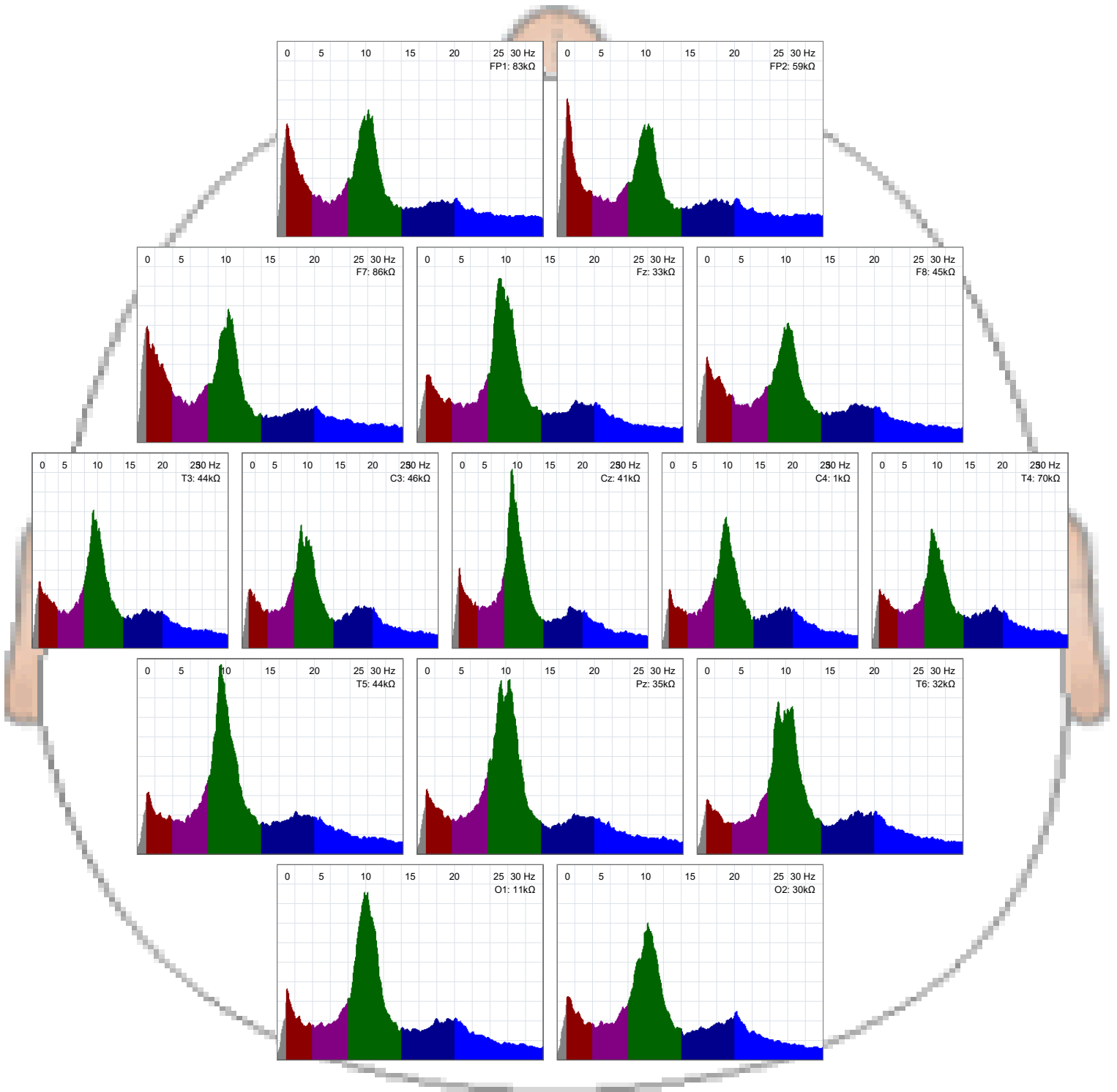
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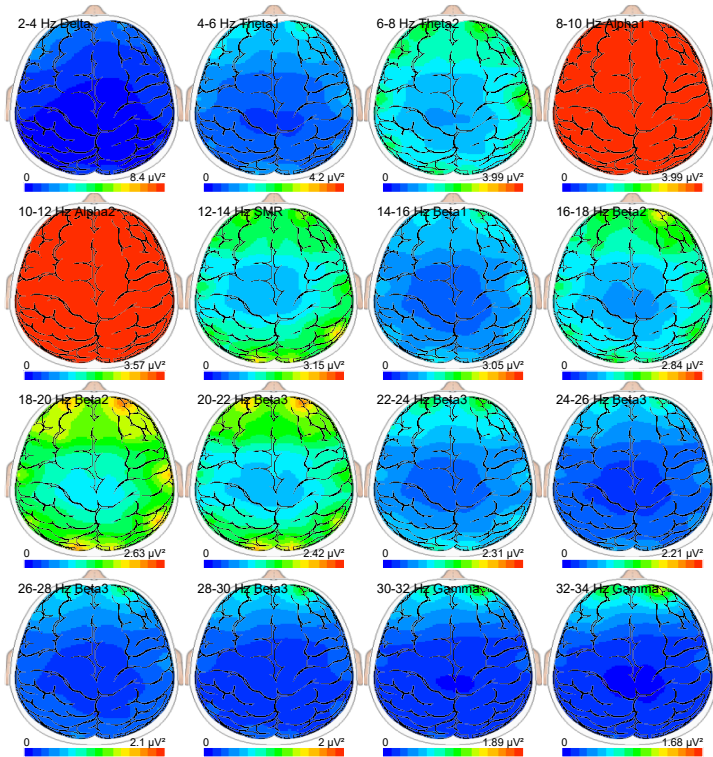
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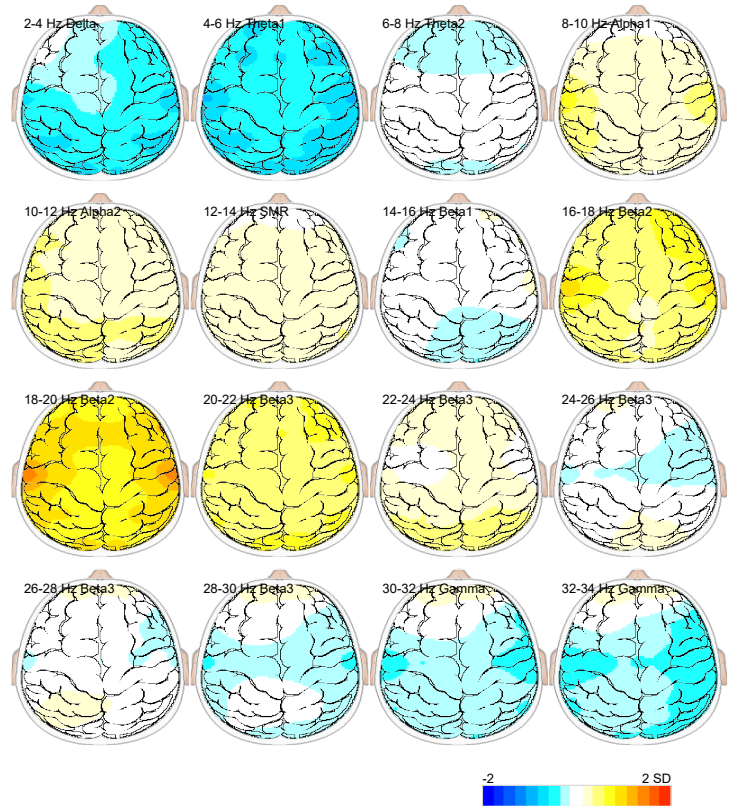
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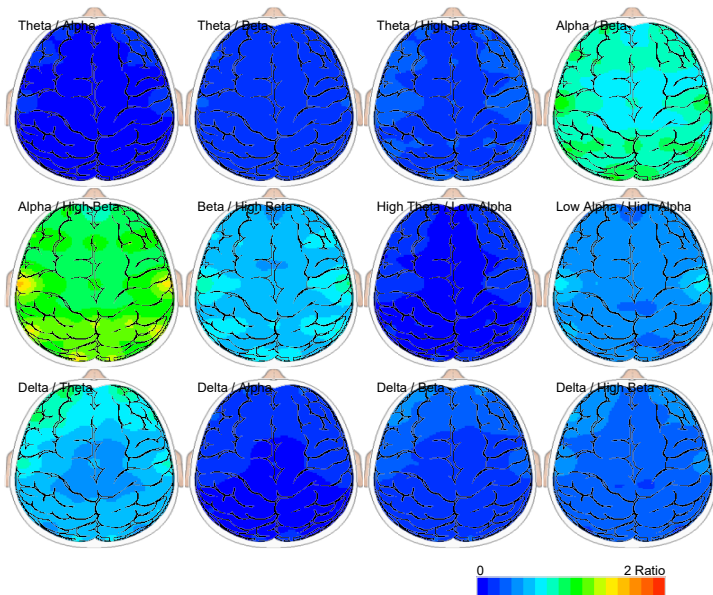
Absolute Power



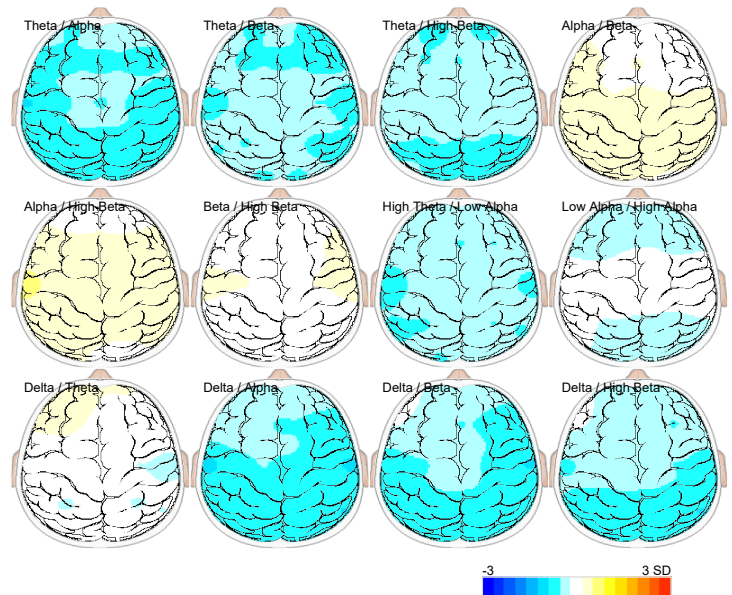
Z Scored - Relative Power



Power Ratio



Z Scored - Power Ratio

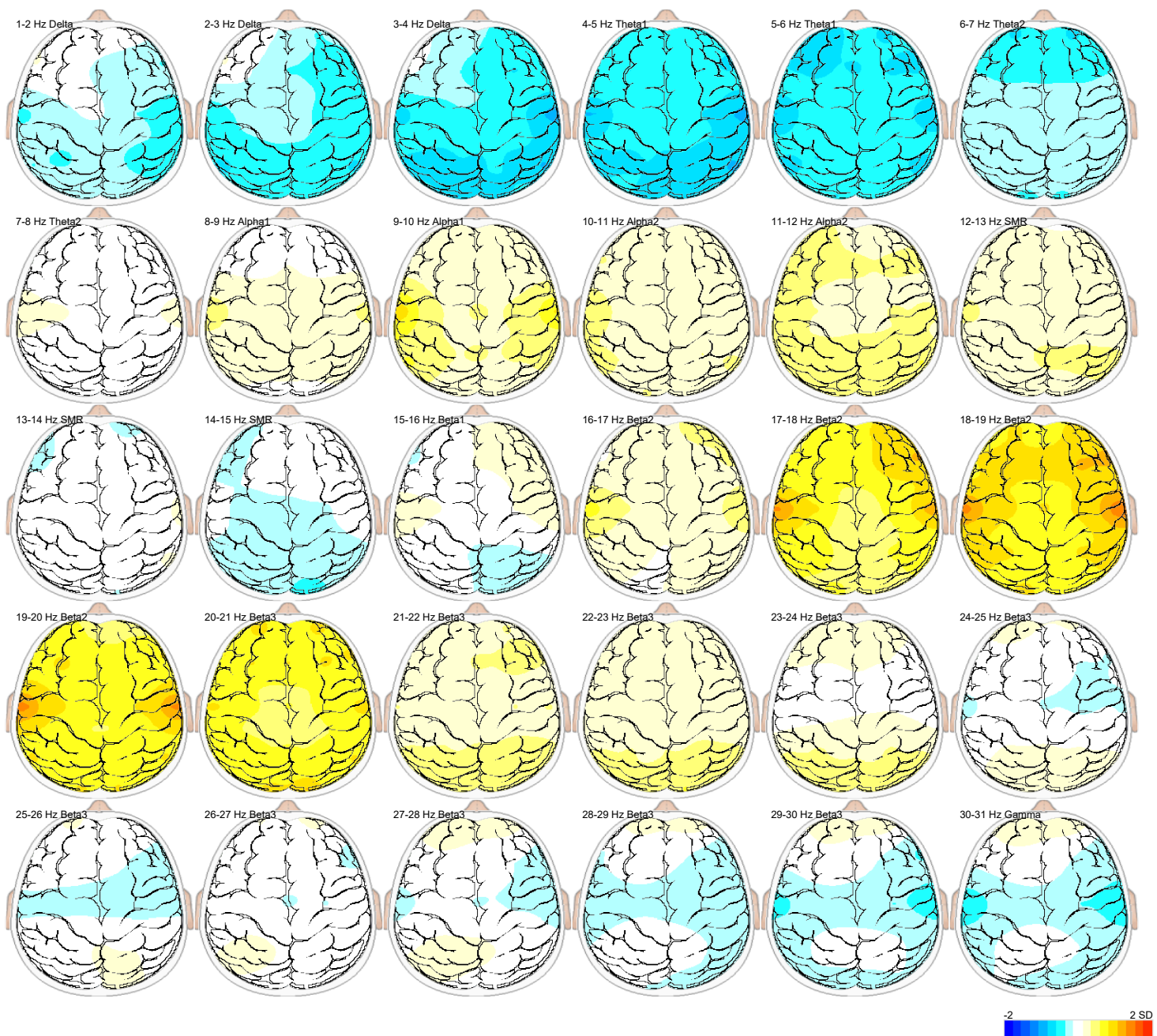


Physician's Notes:

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Sample Patient 1 Gender: Female Age: 39 (DOB: Sep 20 1984) Patient Code: 937491

Exam Date: Sep 12 2023 17:26



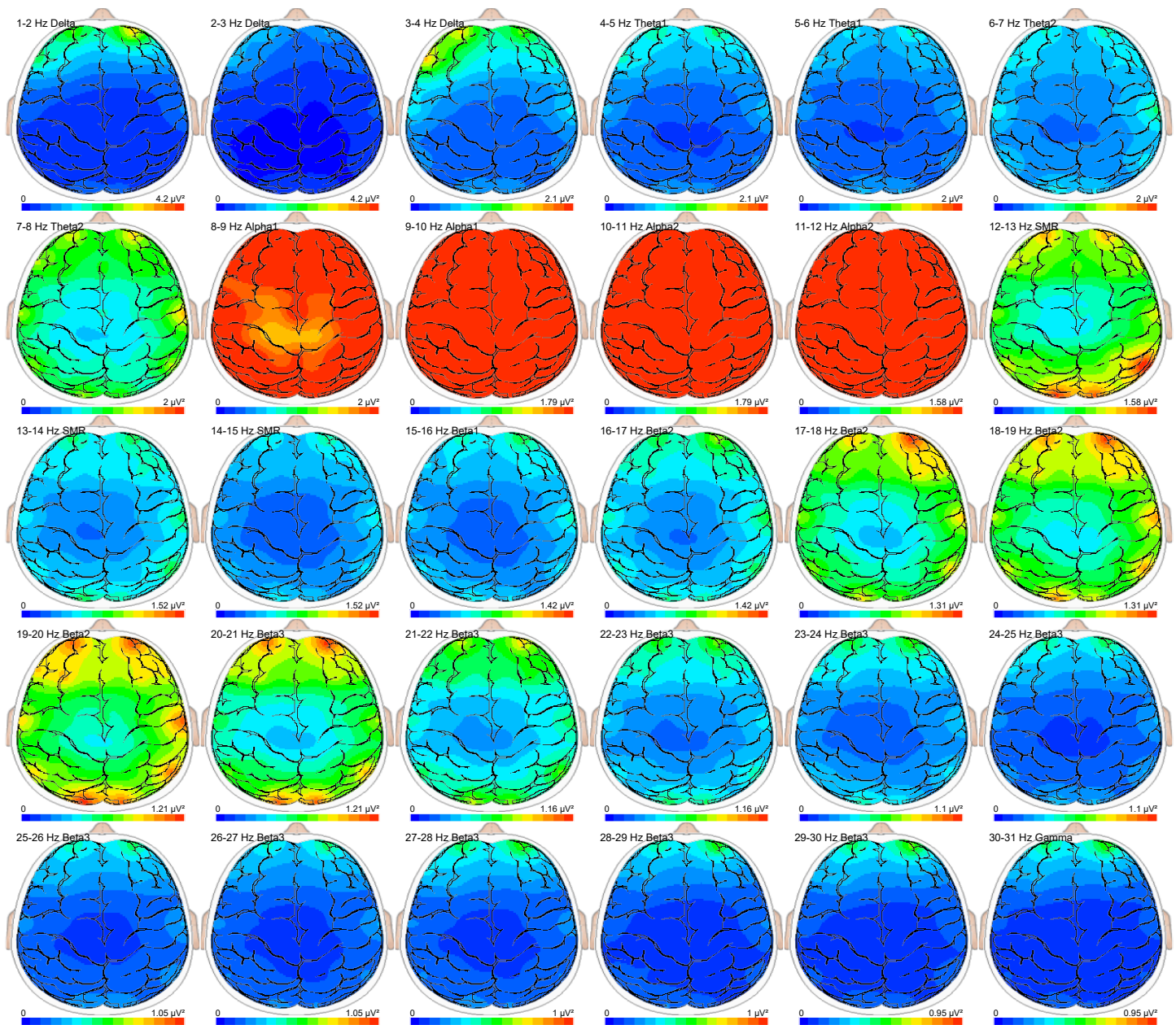
Physician's Notes:

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Exam Date: Sep 12 2023 17:26



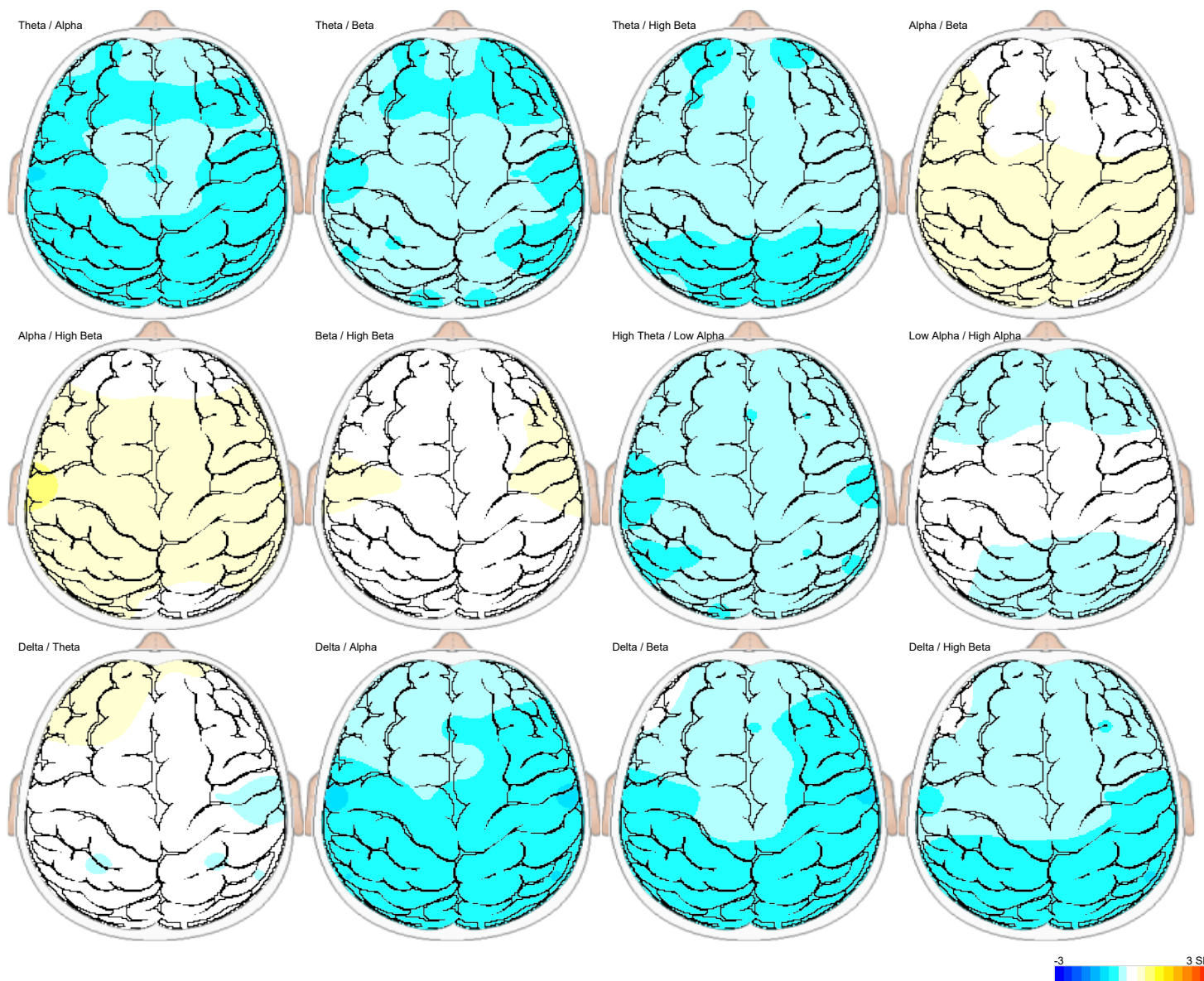
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Exam Date: Sep 12 2023 17:26



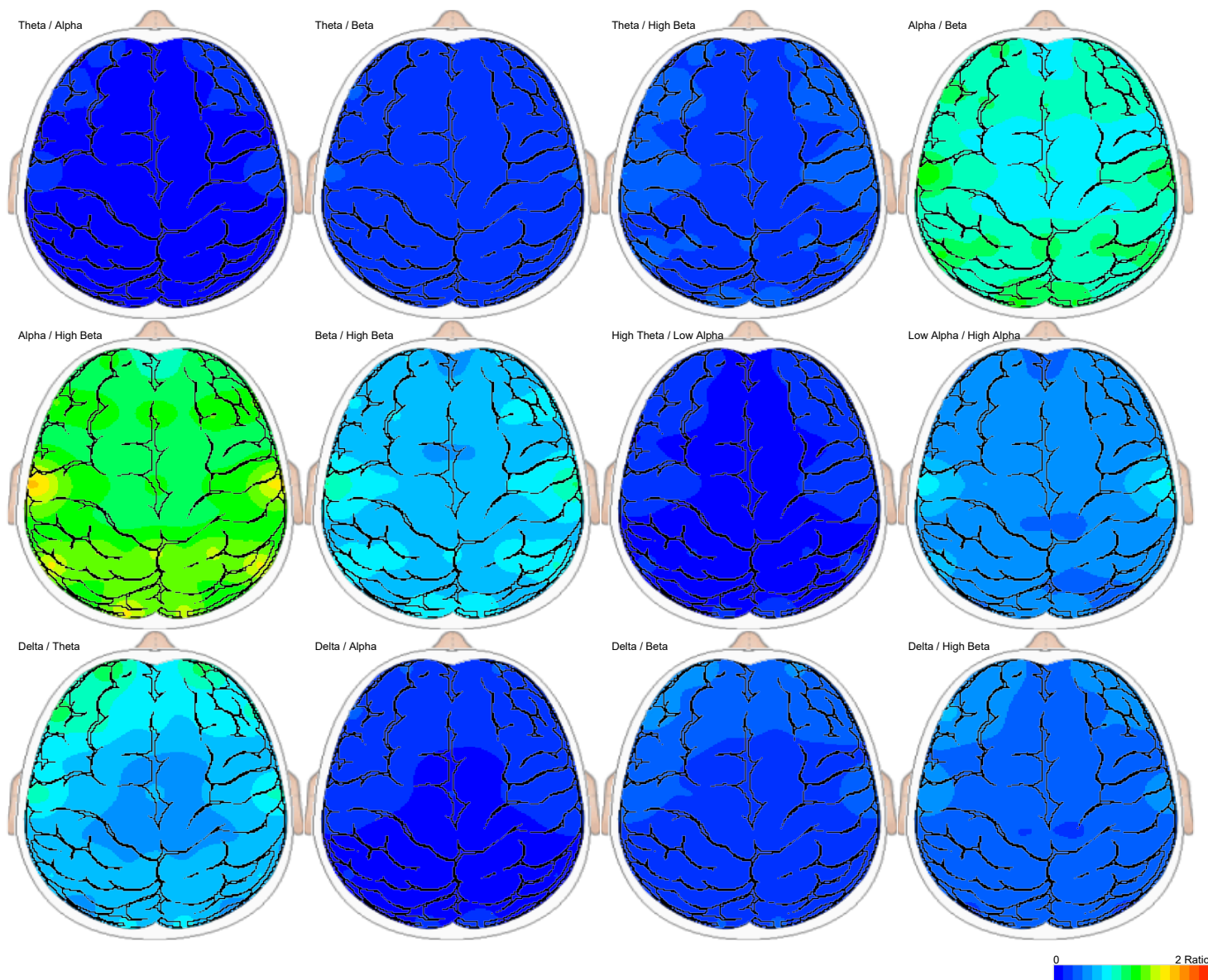
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Sample Patient 1 Gender: Female Age: 39 (DOB: Sep 20 1984) Patient Code: 937491

Exam Date: Sep 12 2023 17:26

30 sec / page; 200ms / grid; 80µV / channel; HPF 1Hz; LPF 40Hz; Average Montage;



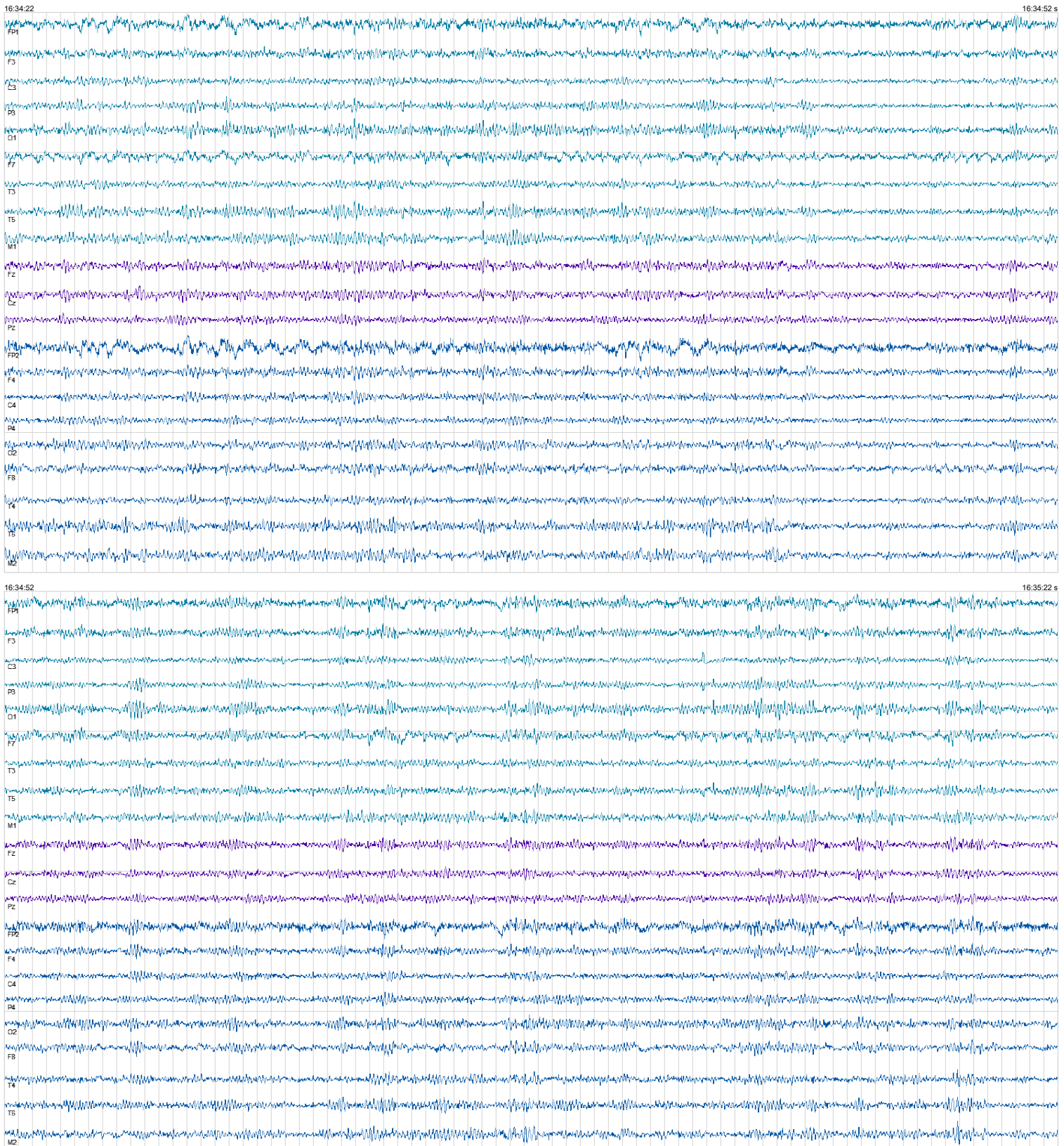
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Sample Patient 1 Gender: Female Age: 39 (DOB: Sep 20 1984) Patient Code: 937491

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Physician's Notes:

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Sample Patient 1

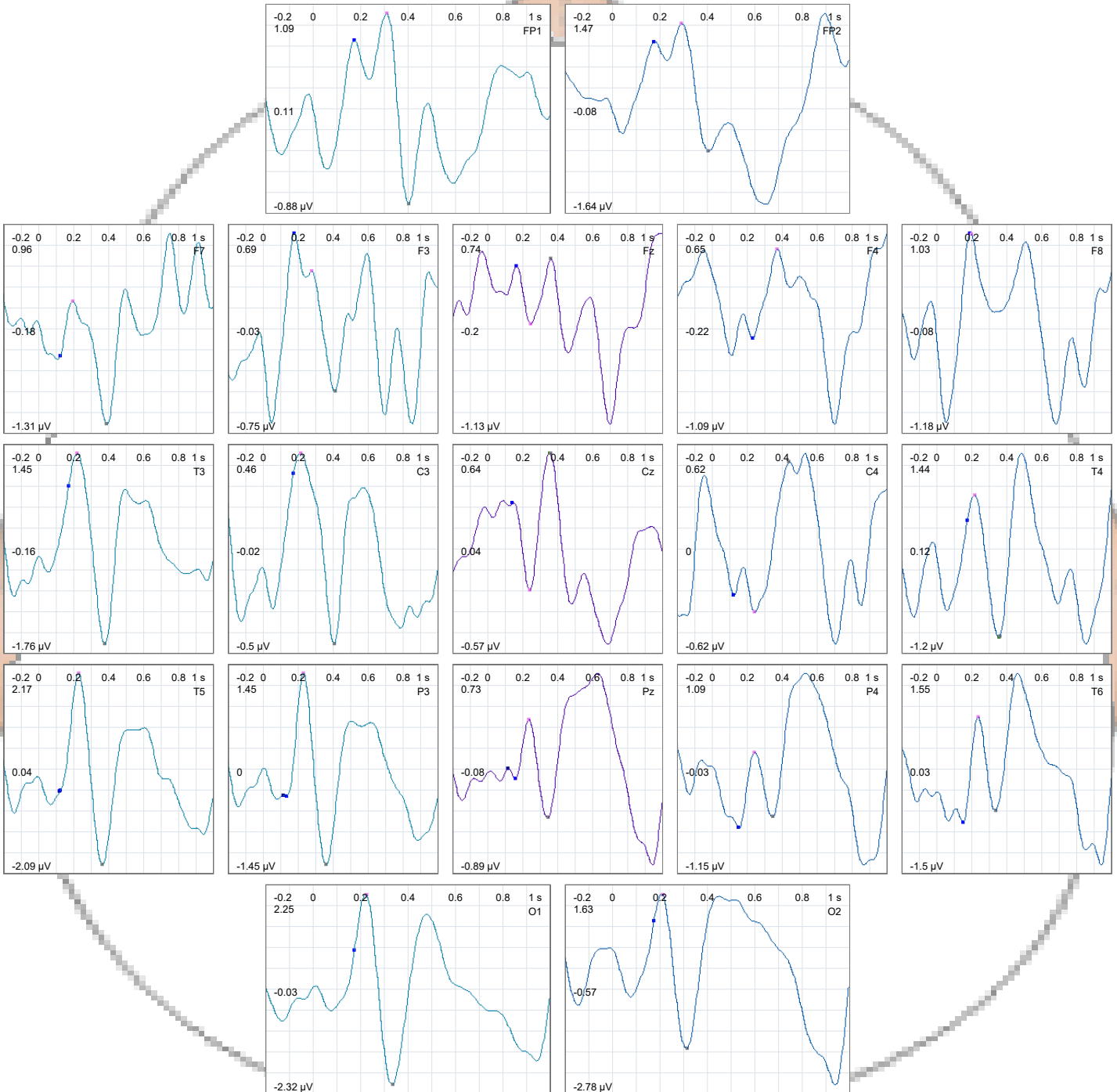
Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

Physician Only Report

Exam Date: Sep 12 2023 17:26
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Physician's Notes:

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Sample Patient 1

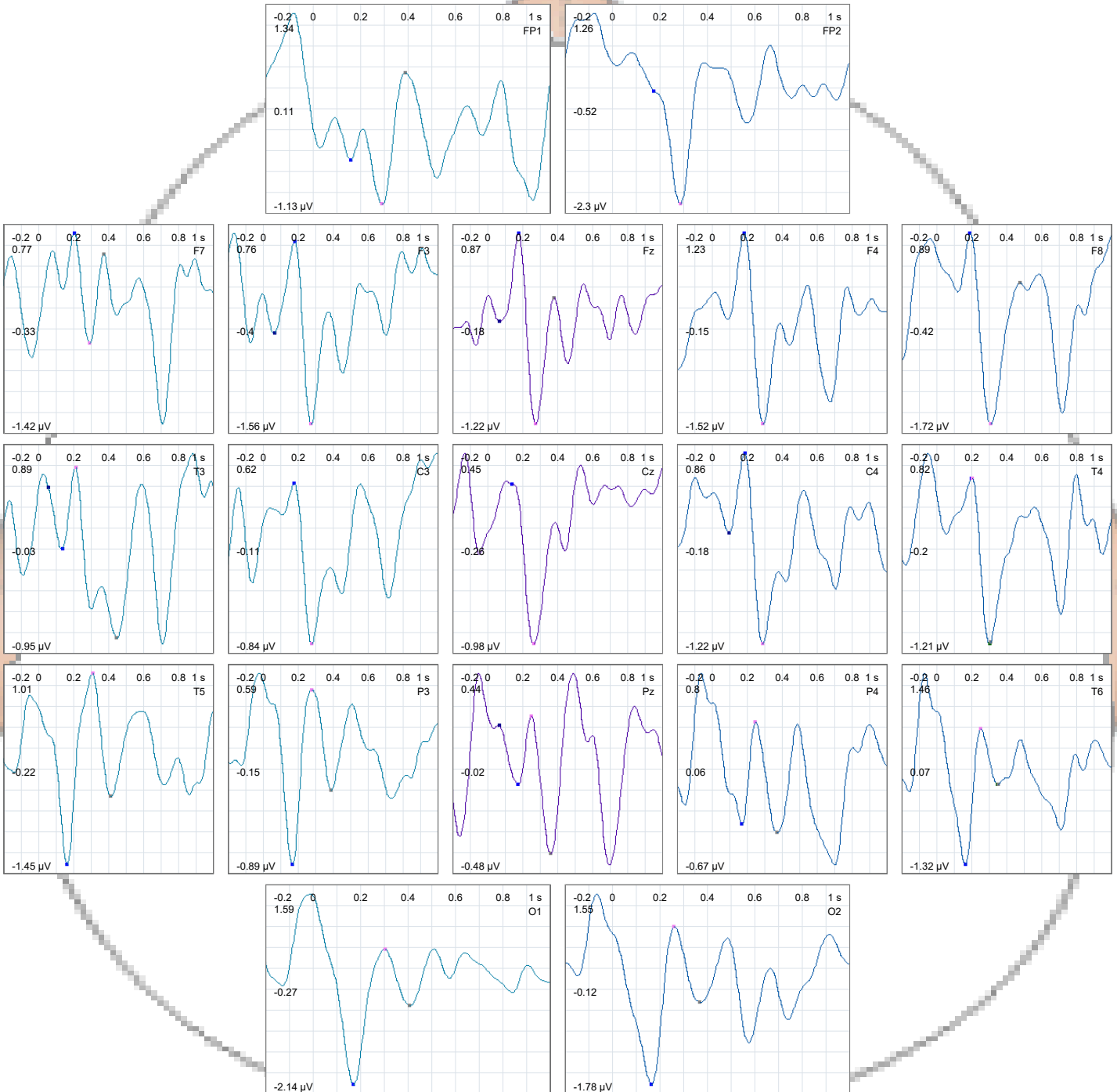
Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

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Sample Patient 1
Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

Physician Only Report
Exam Date: Sep 12 2023 17:26
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EVENTS SUMMARY

Start Time	Duration	SpO2	Spike & Sharp	PolySpikes	Periodic	Suppression	BurstSuppression Irregular
Total	25 min 44 sec	98 % (87-100)	0	0	0	0	2
17:40	10 min	97 % (87-99)	0	0	0	0	2

PARAMETERS

	Average	Min	Max
SPO2	98	87	100

Spike detection software was utilized; however, this study was not performed for the diagnosis of epilepsy; automated spike detection software often identifies EEG related artifacts.

Physician's Notes:

Sample Patient 1

Gender: Female

Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs

Patient Code: 937491

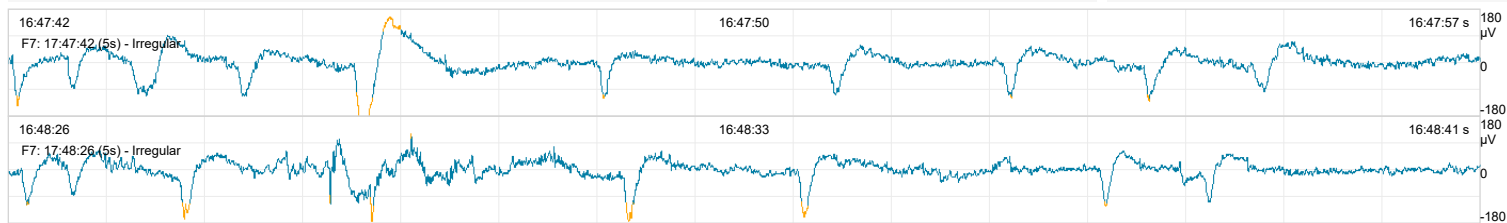
Height: 5 ft 6 in

BMI: 29.4

Physician Only Report

Exam Date: Sep 12 2023 17:26

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Physician's Notes:

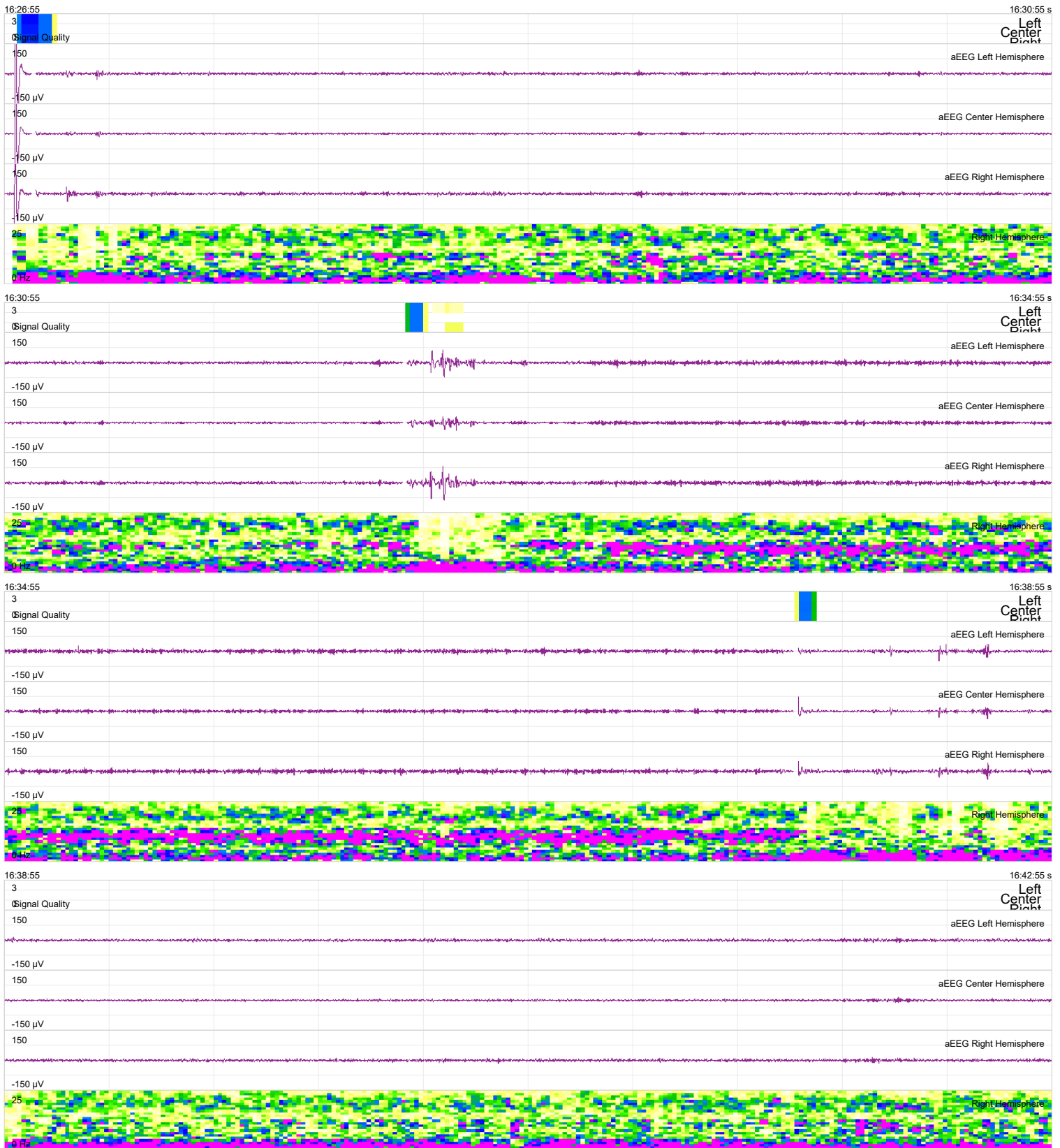
All results and analysis should be considered in the context of persons/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Oct 31 2023 08:21

Sample Patient 1 Gender: Female Age: 39 (DOB: Sep 20 1984) Patient Code: 937491

Exam Date: Sep 12 2023 17:26

4 min / page;



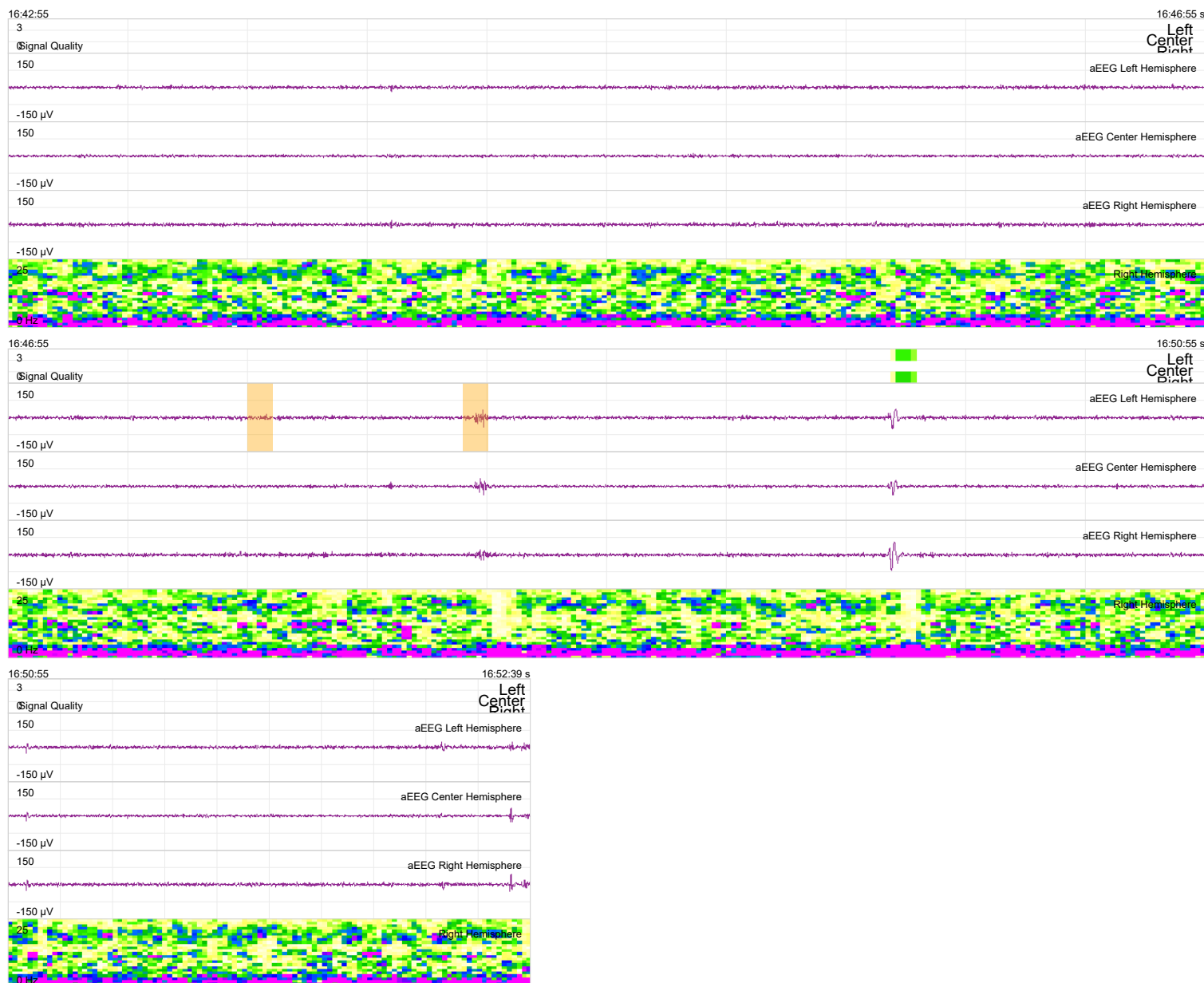
Physician's Notes:

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Physician's Notes:

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Sample Patient 1

Gender: Female

Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs

Patient Code: 937491

Height: 5 ft 6 in

BMI: 29.4

Physician Only Report

Exam Date: Sep 12 2023 17:26

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NeuroFeedback Recommendations:

The following implications for neurotherapy are offered based upon the clinical evaluation of the patient as well as the reference data base results. These suggestions for neurotherapy should be evaluated with caution and should only be considered as possible strategies that the clinician may have considered in his/her evaluation. Protocols may be adjusted due to differentiating patient outcomes and objective and subjective reports throughout the training process.

***Mid-Beta Training - Frontal (Anxiety Reduction and Mood Stabilization)**

Reward: Mid-Beta

Inhibit: Alpha and High Beta

Location: F3

The frontal stabilization protocol is often used to reduce anxiety and stabilize moods. Studies have shown that patients with major depressive disorder (MDD) often have more left than right alpha (8-13 Hz) activity in prefrontal locations. This is known as Alpha-asymmetry. Neurofeedback training which lowers the Alpha activity in the prefrontal regions and increases Mid-Beta can be used to stabilize this asymmetry.

Beta training is a common method used for a variety of purposes. It energizes the trainee, and provides a very uplifting experience. There may be a significant "aha" experience when the trainee discovers the exact type of mental state that is associated with the beta production. Beta is often trained on the left side (C3), although it can be trained anywhere. Possible negative side effects may include agitation, irritability, or a sense of being "hyper". Therefore, beta training sessions may be as short as 5 or 10 minutes. Often, a short period of beta training will be used at the end of an EEG session, to bring the trainee into a state of energy and alertness.

The clinician may also consider using one or more strategies with the priority of treatment in the order presented below:

Inhibit frequency activity 18-20 Hz (Beta2) at FP1.

Physician's Notes:

Sample Patient 1

Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

Physician Only Report

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Recorded time

Start Date	2023-09-12 16:26:55
Duration	5 min 0 sec (363 beats)
High Pass Filters	3.4 Hz

Ventricular Details

PVC - Ventricular Ectopy	0 beats (0%)
Ventricular Couplet	0 episodes

HRV Analysis

SDNN	21 ms
------	-------

Heart Rate

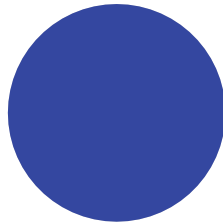
Average Heart Rate	72 bpm
Fastest rate	77 bpm
Slowest rate	67 bpm

Supraventricular Details

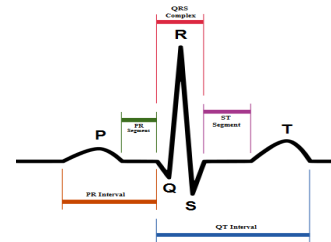
PAC - Supraventricular Ectopy	0 beats (0%)
Supraventricular Couplet	0 episodes

QRS Analysis

QRS	62 ms
QT / QTc	286 ms / 315 ms
PR int / seg	144 ms / 100 ms
ST int / seg	222 ms / 105 ms

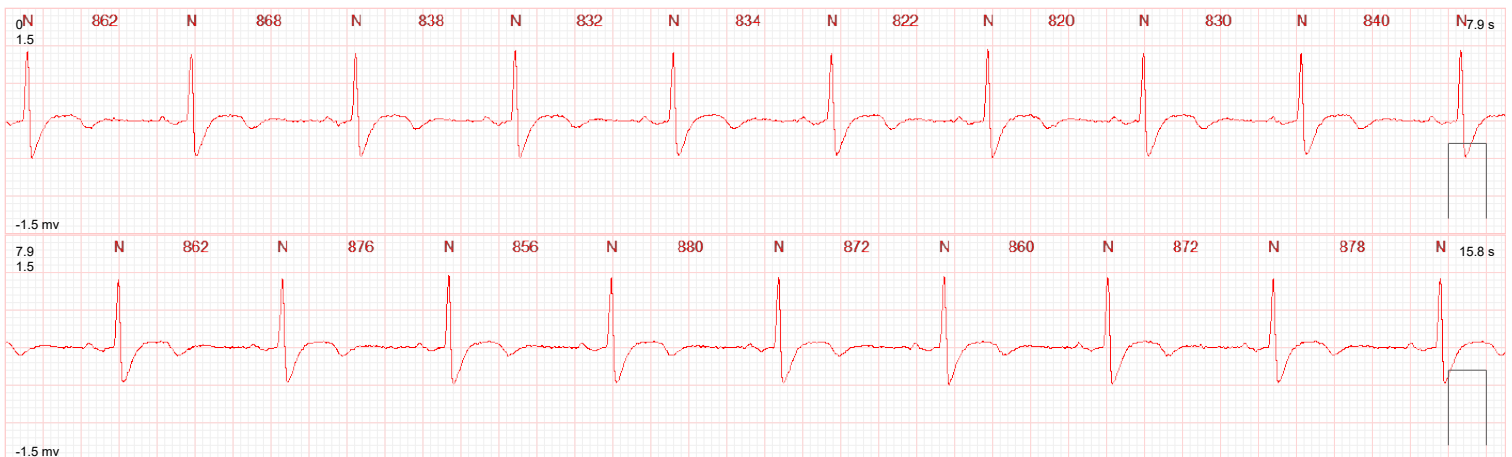


■ PAC - Atrial Extrasystole: 0%
■ PVC - Ventricular Extrasystole: 0%
■ Normal: 100%



Interpretations:

Medications: buspirone 15 mg
 doxepin 25 mg
 lamotrigine 100 mg
 Vraylar (cariprazine) 3 mg



Physician's Notes:

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Sample Patient 1 Gender: Female Age: 39 (DOB: Sep 20 1984) Patient Code: 937491

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Sample Patient 1

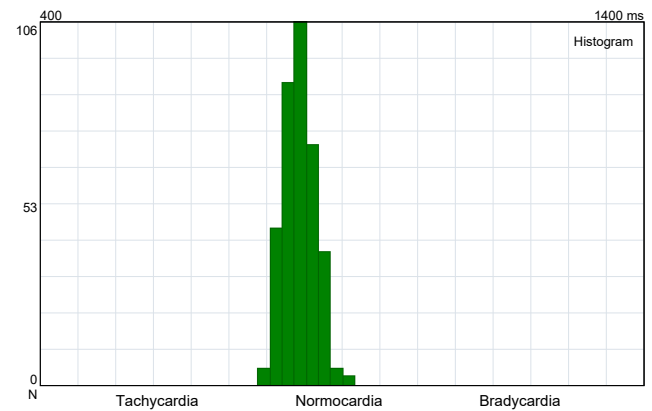
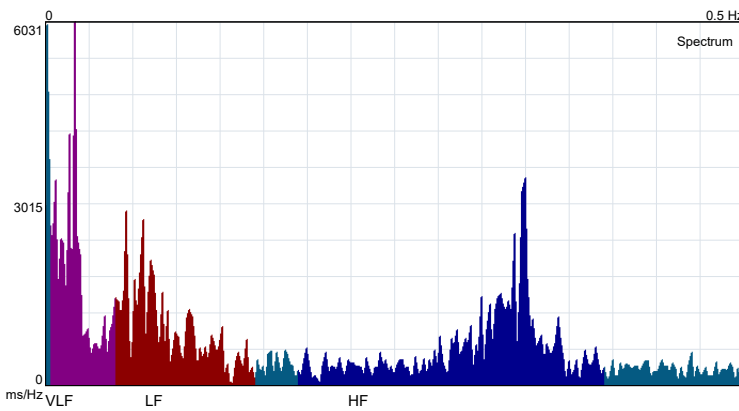
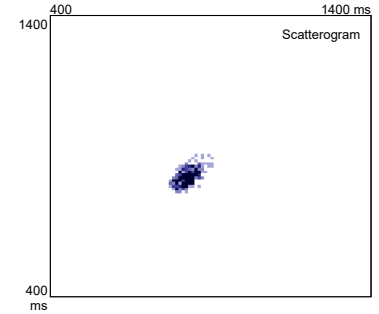
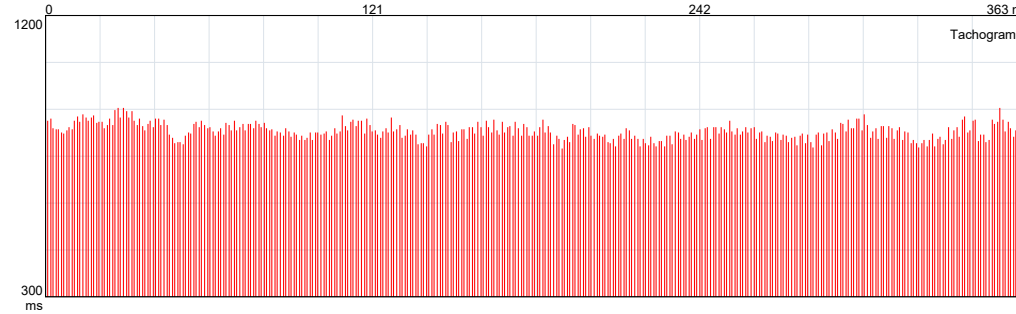
Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

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Exam Date: Sep 12 2023 17:26
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Total HeartBeats = 362 Artifacts = 1 (0.3%) Signal Quality = Good

HeartRate = 72.51 (bpm) TDI = 24.44 FDI = 819.43 SDNN = 25.45

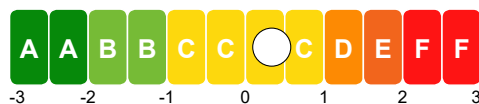
FUNCTIONAL AGE (in years) = 41

HEALTH RISK Factor Based on HRV Assessment = 49.45 %

Physical Stress Coefficient = 1.85 (Normal value: 1.52 Range from 0 to 4 Unfavorable values: higher than 2.02)

PHYSICAL STRESS INDEX = 0.33

(Normal value: 0 Range from -3 to 3 Unfavorable values: higher than 1)

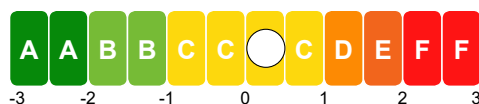


The score is average. It indicates low physical stress. Stress in the recent past has had little or no long-term effect on your physical balance. The negative effects of physical stress are limited.

Mental Stress Coefficient = 1.32 (Normal value: 1.06 Range from 0 to 4 Unfavorable values: higher than 1.56)

MENTAL STRESS INDEX = 0.26

(Normal value: 0 Range from -3 to 3 Unfavorable values: higher than 1)



The score is average. It indicates low mental stress. Stress in the recent past has had little effect on your mental-health. The negative effects of mental stress are limited.

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Sample Patient 1

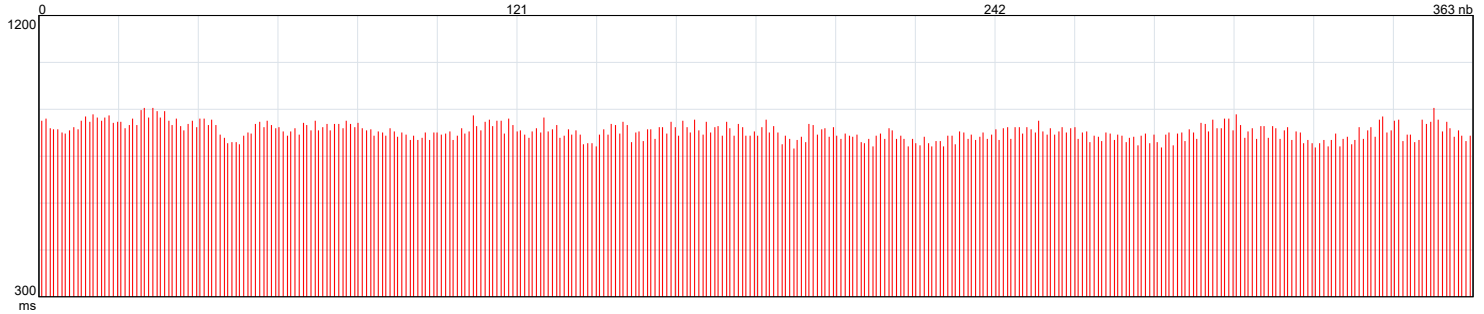
Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

Physician Only Report

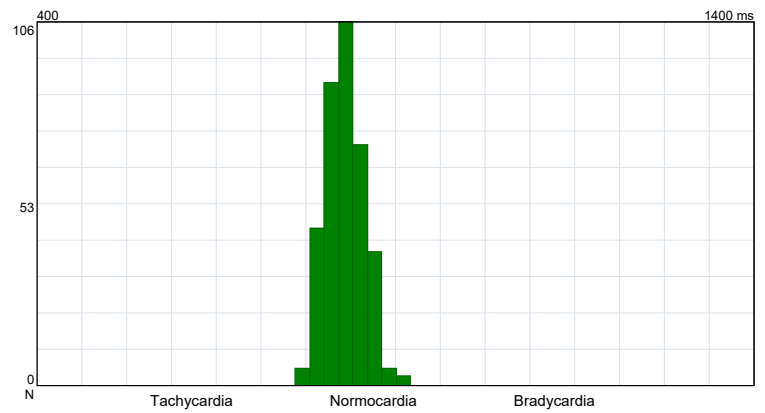
Exam Date: Sep 12 2023 17:26
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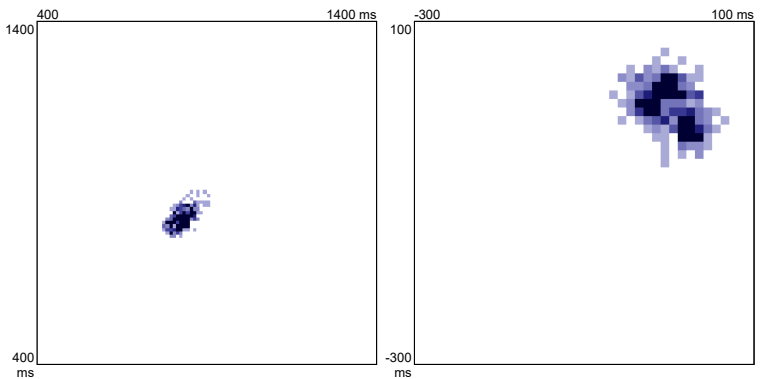
Total HeartBeats = 362 Artifacts = 1 (0.3%)

Signal Quality = Good

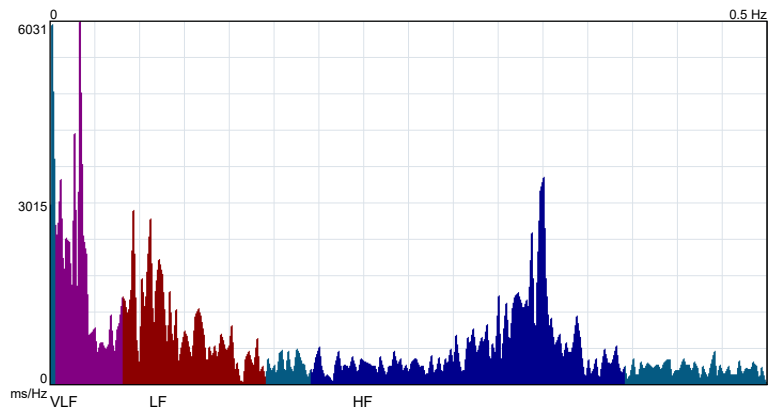
Parameters	Value	Units
HeartRate	72.51	bpm
AMo	106	number
Mo	820	ms
SDNN	25.45	ms
SDNN5	20.17	ms
pNN50	2.22	%
rmsSD	23.68	ms
SDSD	23.68	ms



Parameters	Value	Units
SD1	16.74	ms
SD2	31.86	ms
SD1/SD2	0.53	



Parameters	Peak(Hz)	Power(ms ²)	Power(%)	Power(n.u.)
VLF	0.03	317.18	49.55	
LF	0.07	137.29	21.45	42.5
HF	0.39	58.99	9.22	18.26
TP		640.16		
LF/HF		2.327		



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Sample Patient 1

Gender: Female
Age: 39 (DOB: Sep 20 1984)

Weight: 182 lbs
Patient Code: 937491

Height: 5 ft 6 in
BMI: 29.4

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Ideal Body Weight = 130 Lbs
Real Body Weight = 182 Lbs
Basal Metabolic Rate (BMR) = 1574 cal
Total Daily Energy Expenditure = 2047 cal

■ Normal ■ Borderline Normal ■ Mild - Moderate ■ Borderline Abnormal ■ Abnormal - Severe

Body Mass Index (BMI) = 29.4

(Normal value range: 19 - 25)



Body mass index, or BMI, is a new term to many people. However, it is the measurement of choice for many physicians and researchers and it is used to estimate a healthy body weight based on a person's height, assuming an average body composition.

It is the most widely used diagnostic tool to identify weight problems within a population. Body mass index is defined as the individual's body weight divided by the square of his or her height.

The body mass index can be used to identify if you are overweight. A drawback of the calculation is that if you are muscular it can suggest you are overweight due to muscle density.

An elevated BMI is associated with Metabolic Syndrome and is tied to an elevated risk of type 2 diabetes, hypertension, and cardiovascular disease.

Risk of Associated Disease According to BMI and Waist Size

18.5 or less: Underweight - N/A
19 - 25: Normal - very low risk of associated diseases
26 - 29: Overweight - prone to health risks
30 - 40: Overweight to Obese - high risk of associated diseases
40 or greater: Extremely Obese - very high risk of associated diseases

The Basal Metabolic Rate (BMR) shows the calories (energy) your body uses per day while at rest. The Total Daily Energy Expenditure shows the calories needed to maintain your current weight.

For healthy weight management increase your caloric usage (exercise) and decrease your caloric intake below the Total Daily Energy Expenditure towards the Basal Metabolic Rate (BMR).

Eating a high quality, nutrient dense diet (fresh vegetables (cooked and raw), chicken, fish, eggs, and yogurt) and staying away from carbohydrates and poor quality fats helps to prevent cravings and aids in weight loss. If you go too far below the Basal Metabolic Rate (BMR) your metabolism may slow down making weight management more difficult.

Physician's Notes:

Sample Patient 1

Gender: Female

Age: 39 (DOB: Sep 20 1984)

Current Medications: buspirone

Weight: 182 lbs

Patient Code: 937491

15 mg doxepin 25 mg lamotrigine

Height: 5 ft 6 in

BMI: 29.4

100 mg Vraylar (cariprazine) 3 mg

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Depression / Feelings of sadness: 4 of 5

Don't fall asleep or stay asleep at night: 4 of 5

Don't find enjoyment in previously enjoyable activities or events: 4 of 5

Anger / Agitation: 3 of 5

Don't have enough energy to get moving in the morning and sustain: 5 of 5

Aggressive, or hostile impulsivity: 3 of 5

Do things that result in isolation or distancing from others: 2 of 5

Decreased Attention / Distracted: 5 of 5

Difficulty multitasking/ disorganized: 3 of 5

Anxiety, Feelings of worry: 5 of 5

Addiction / substance use: 5 of 5

Altered vision: 3 of 5

Physician's Notes: