



Neurofeedback Assessment Form- ADULT

Name: _____ Date: _____

Gender: _____ Age: _____ Handed: L R mixed

Primary Concerns: _____

Priority of Issues for the client:

#1 _____

#2 _____

#3 _____

#4 _____

SLEEP

- Difficulty falling asleep
- Restless sleep
- Nightmares
- Sleep walking or talking
- Restless legs
- Not rested after sleep
- Sleep apnea / snoring
- Narcolepsy

NOTES:

PAIN

- Headaches
- Stomach pain
- Muscle tension pain
- Arthritis (joint) pain
- Chronic nerve pain
- Chronic aching pain or stiffness
- High pain tolerance
- Low pain tolerance

NOTES:**PHYSICAL**

- Balance
- Coordination
- Spasticity / muscle tension
- Tremor
- Hyperactivity
- Tics
- Bruxism
- Muscle Weakness

NOTES:

PHYSIOLOGY

- Allergies
- Asthma
- Diabetes
- Autoimmune
- High Blood Pressure
- Frequent illness
- Nausea or vomiting
- Dizziness / Fainting
- Sugar craving and reaction
- PMS/ menopausal symptoms
- Thyroid / endocrine
- Incontinence / enuresis
- Chronic constipation / irritable bowel
- Skin Problems

NOTES:

EMOTIONS

- Anxiety
- Fear
- Obsessive worries
- Depression

- Anger
- Emotional reactivity
- Phobias
- Suicidal thoughts
- Mood swings
- Panic attacks
- Lack of empathy

NOTES:

BEHAVIOUR

- Impulsive
- Compulsive
- Oppositional
- Tantrums/ rages
- Aggressive
- Thrill Seeking
- Self-injury
- Addiction
- Eating Disorders

NOTES:

ATTENTION

- Focused attention
- Organization and planning
- Memory
- Body awareness
- Appetite awareness
- Space and time awareness
- Attention to detail
- Distractibility
- Impulsivity
- Hyperactivity

NOTES:

SENSORY/ COGNITIVE

- Vision
- Hearing
- Tinnitus
- Verbal expression
- Reading / writing
- Math
- Drawing

- Sense of direction
- Logic
- Common Sense

NOTES:

BIRTH AND EARLY DEVELOPMENT

- In utero or birth trauma
- Prenatal stress or injury
- Early developmental problems
 - Medical issues
 - Emotional development
 - Motor development
 - Language development
- Early trauma or neglect
- Adopted at age ____
- Attachment problems

NOTES:

BRAIN INJURY OR SEIZURES

- High fevers
- Traumatic brain injury / Concussions
- Stroke
- Seizures
- Other brain injury

TRAUMATIC EXPERIENCE and STRESS

- Physical trauma
- Emotional trauma
- Illness
- Family stress
- Death in family
- School or Job stress
- Other

NOTES:

DRUG EXPERIENCE

- Caffeine
- Alcohol
- Nicotine
- Marijuana
- Other

NOTES:

CURRENT MEDICATIONS

PAST MEDICATIONS

THERAPIES

- Psychotherapy
- Physical therapy
- Occupational therapy
- Educational therapy
- Medical treatments
- Other

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FAMILY HISTORY

SYMPTOM	YES	NO	RELATIONSHIP
Asthma			
Autoimmune: Diabetes, Rheumatoid Arthritis, Lupus, MS, etc.			
Thyroid			
Migraine			
Sleep problems			
Depression			
Manic- Depression			
Anxiety			
Phobias			
Panic Attacks			
Motor or Vocal tics			
Seizures			
Eating Disorders			
Addictions			
Obsessive Compulsive Symptoms			
Speech Problems			
Attention Problems			
Hyperactivity			
Learning Problems			

Neurofeedback Assessment Form- ADULT

Conduct Problems or Criminal Behaviour			
Autism spectrum			
Schizophrenia			