



Neurofeedback Assessment Form - CHILD

Name: _____ Date: _____

Gender: _____ Age: _____ School Grade: _____ Handed: L R mixed

Primary Concerns: _____

Priority of Issues for the client:

#1 _____

#2 _____

#3 _____

#4 _____

EMOTIONS

- Anxiety
- Depression
- Mood swings
- Fears
- Frustration
- Anger
- Tantrums
- Obsessive worries

NOTES:

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SELF-CONCEPT:

How the child feels about self _____

PEERS AND PLAY:

Friends

SCHOOL

- Teacher complaints
- Problems with other students
- Homework

ATTENTION AND COGNITIVE

- Verbal expression
- Reading
- Spelling
- Writing
- Math
- Art
- Sense of direction
- Memory

NOTES:

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CONCENTRATION AND ORGANIZATION;

- Attention
- Distractibility
- Impulsivity
- Ability to organize time and space

ACTIVITY LEVEL AND MOTOR ACTIVITY:

- Over active or under active
- Coordination
- Accident prone
- Sense of self in space
- Motor tics
- Vocal tics

BEHAVIOUR

- Uncooperative
- Inflexible
- Unpredictable
- Manipulative
- Insensitive to others
- Oppositional

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- Defiant
- Aggressive

VALUES:

- Lying
- Cheating
- Stealing
- Not knowing right or wrong
- No guilt feelings

HABITS:

- Sleep
- Bedwetting
- Nightmares night tears
- Soiling
- Teeth grinding
- Eating habits
- Awareness of appetite
- Food sensitivities
- Food cravings
- Sugar craving or reaction
- compulsions

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HEALTH

- Frequent illness
- Headaches
- Stomach ache
- Chronic constipation
- Allergies
- Asthma
- Pain
- Fainting
- Seizures
- Hearing problems
- Vision problems

PERINATAL:

- Prenatal stress or injury
- Prenatal drug exposure
- Difficult labor
- Difficult birth
- Premature or late birth
- Medical problems after birth
- Adopted at age _____

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GROWTH AND DEVELOPMENT:

- Colic
- Sleep problems
- Eating problems
- Activity level
- Attachment
- Emotional development
- Motor development
- Language development
- Chronic ear infections
- Allergies
- Asthma

PHYSICAL TRAUMAS:

- Head injury
- Accidents
- High fever
- Serious illness
- CNS infection
- Drug overdose
- Poisoning

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- Anoxia
- Stroke

PSYCHOLOGICAL TRAUMAS AND STRESSES:

- Abuse or neglect
- Family stress
- School stress
- Death in family
- Illness

MEDICATION AND 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			

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Eating Disorders			
Addictions			
Obsessive Compulsive Symptoms			
Speech Problems			
Attention Problems			
Hyperactivity			
Learning Problems			
Conduct Problems or Criminal Behaviour			
Autism spectrum			
Schizophrenia			