



# Neurofeedback Assessment Form- ADOLESCENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_ Handed: L R mixed

Primary Concerns: \_\_\_\_\_

Priority of Issues for the client:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

## HEALTH

### SLEEP

- Difficulty falling asleep or staying asleep
- Difficulty waking
- Restless sleep
- Sleepwalking or night terrors
- Bruxism
- Nightmares
- Other sleep concerns
  
- Allergies
- Asthma
- Frequent Illness
- Fatigue
- Chronic pain

## Neurofeedback Assessment Form- ADOLESCENT

- Hearing problems
- Ringing in ears
- Vision problems
- Heart problems
- Skin problems

**NOTES:**

### **GASTROINTESTINAL**

- Thyroid
- Heat or cold sensitivity
- Diabetes
- Sugar sensitivity
- Eating habits
- Appetite awareness
- Stomach pain
- Intestinal pain
- Chronic constipation
- Nausea or vomiting
- PMS

**NOTES:**

**NEUROLOGICAL**

- Headaches
- Fainting
- Seizures
- Coordination
- Tremor or spasticity
- Physically over-active or under-active
- Accident prone
- Motor or vocal tics

**NOTES:**

**HABITS**

- Coffee use
- Alcohol use
- Cigarette use
- Diet
- Other drug use

**NOTES:**

**BEHAVIOUR / EMOTIONS**

- Mood swings
- Anxiety
- Depression
- Fears or Phobias
- Panic attacks
- Irritability
- Anger
- Tantrums or violent behaviour
- Manic-depression
- Obsessive-compulsive
- Eating Disorders
- Addictions
- Risk-taking behaviour

NOTES:

**ATTENTION AND ORGANIZATION**

- Attention span
- Distractibility
- Impulsivity
- Organizational ability

NOTES:

**SCHOOL BEHAVIOUR AND PERFORMANCE**

- Favourite school subjects (strengths)
- Least favourite subjects (weaknesses)
- Verbal expression
- Reading
- Math
- Art
- Spatial skills
- Memory
- Teacher complaints
- Problems with homework

**PERSONAL HISTORY**

**PERINATAL:**

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

**NOTES:**

**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
- Anoxia
- Stroke

NOTES:

### **PSYCHOLOGICAL TRAUMAS AND STRESSES:**

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

**CURRENT MEDICATIONS**

**PAST MEDICATIONS**

**THERAPIES**

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





## Neurofeedback Assessment Form- ADOLESCENT

### FAMILY HISTORY

| SYMPTOM   | YES | NO | RELATIONSHIP |
|---|-----|----|--------------|
| Asthma  |     |    |              |
| Autoimmune: Diabetes,<br>Rheumatoid Arthritis, Lupus, MS,<br>etc. |     |    |              |
| Thyroid   |     |    |              |
| Migraine  |     |    |              |
| Sleep problems  |     |    |              |
| Depression  |     |    |              |
| Manic- Depression   |     |    |              |
| Anxiety   |     |    |              |
| Phobias   |     |    |              |
| Panic Attacks   |     |    |              |
| Motor or Vocal tics   |     |    |              |
| Seizures  |     |    |              |

## Neurofeedback Assessment Form- ADOLESCENT

|   |  |  |  |
|---|--|--|--|
| Eating Disorders                          |  |  |  |
| Addictions                                |  |  |  |
| Obsessive Compulsive Symptoms             |  |  |  |
| Speech Problems                           |  |  |  |
| Attention Problems                        |  |  |  |
| Hyperactivity                             |  |  |  |
| Learning Problems                         |  |  |  |
| Conduct Problems or Criminal<br>Behaviour |  |  |  |
| Autism spectrum                           |  |  |  |
| Schizophrenia                             |  |  |  |
|   |  |  |  |
|   |  |  |  |