



Neurofeedback Assessment Form

Name: _____ Date: _____

Gender: _____ Age: _____ School Grade: _____ 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
- 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

Neurofeedback Assessment Form

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

Conduct Problems or Criminal Behaviour			
Autism spectrum			
Schizophrenia			