Neurofeedback Evaluation
Adult

Name:

Date:

Age:

M or F

Handedness: L R Mixed

Occupation:

Marital status: Single Married Divorced Widowed

HEALTH:

Sleep

- Difficulty falling asleep or staying asleep
- Difficulty waking
- Restless sleep
- Sleepwalking or night terrors
- Nightmares
- Other sleep problems

Allergies

Asthma

Frequent Illness

Fatigue

DERMATOLOGICAL:

Skin problems

VISUAL:

Double vision

Blurred vision

Blind spots

Eye pain

Visual sensitivity

AUDITORY / OLFACTORY:

Hearing loss

Ringing in ears

Earaches

Sense of smell

MOUTH / THROAT:

Bruxism

Sense of taste

CARDIOVASCULAR / PULMONARY:

Breathing problems

Heart problems

Hypertension

Palpitations or tachycardia

GASTROINTESTINAL:

Nausea or vomiting

Stomach pain

Intestinal pain

Chronic constipation

Irritable bowel

ENDOCRINE:

Appetite awareness

Thirst

Sugar sensitivity

Diabetes

Heat or cold sensitivity

Thyroid disorder

ORTHOPEDIC:

Chronic pain or stiffness

Low pain threshold

High pain tolerance

Chronic aching pain

Chronic nerve pain (burning or stabbing)

NEUROLOGICAL:

Headaches

Fainting

Seizures

Speech problems

Tremor or spasticity

Weakness

Balance

Coordination

Accident prone

Motor or vocal tics

ATTENTION AND COGNITIVE:

Academic strengths and weaknesses

Reading

Math

Art

Sense of direction

Concentration

Memory

Distractibility

Impulsivity

Hyperactivity

GENITOURINARY:

Incontinence

PMS symptoms

Menopausal symptoms

HABITS:

Coffee use

Alcohol use

Cigarette use

Diet

Other drug use

BEHAVIOR / EMOTIONS:

Mood swings

Depression

Anxiety

Anger or aggression

Manic-depression

Panic attacks

Phobias

Obsessive-compulsive

Eating disorders

Addictions

Risk-taking behavior

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 _____

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

PSYCHOLOGICAL TRAUMAS AND STRESSES:

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

TREATMENT HISTORY

MEDICATIONS:

Medication	For Condition	Dose	Dates

MEDICAL TREATMENT:

Procedure	For Condition	Description	Dates

PSYCHOLOGICAL THERAPY:

Therapy	For Condition	Therapist	Dates

OTHER THERAPY:

Therapy	For Condition	Therapist	Dates

FAMILY HISTORY

Symptom	Yes	No	Relationship
Asthma			
Autoimmune Disorders: I Diabetes, Rheumatoid Arthritis Lupus, MS, Scleroderma, etc.			
Thyroid disorder			
Migraine			
Sleep Problems			
Depression			
Manic-depression			
Anxiety			
Phobias			
Panic Attacks			
Motor or Vocal Tics			
Seizures			
Eating Disorders or Obesity			
Addictions			
Obsessive Compulsive Symptoms			
Speech Problems			
Attention Problems			
Hyperactivity			
Learning Problems			
Conduct Problems or Criminal Behavior			
Autism spectrum			
Schizophrenia			