

# 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			