## **Neurofeedback Intake**

Name:	
Date:	_
Age:	_
Gender:	
Occupation:	
Marital Status:	
Grade in School (if applicable):	_
Main Presenting Issue:	_
Trialii i rescriting issue.	
Please put an "X" next to the appropriate respon	nse: / / / <u>/</u>
	Newer an Issue
SLEEP	
Bruxism	
Difficulty falling asleep	
Difficulty maintaining sleep	
Difficulty waking	
Don't feel rested after 8+ hours of sleep	
Fear of going to sleep	
Narcolepsy	
Night sweats	
Nightmares or vivid dreams	
Night terrors	
Nocturnal enuresis	
Periodic leg movements	
Restless leg	
Restless sleep	
Sleep apnea	
Sleep walking	
Snoring	
Talking during sleep	
	/ / & /
ATTENTION & LEARNING	Pesent Issue
Difficulty with auditory processing	
Difficulty completing tasks	<del>                                     </del>
Difficulty following directions	<del>                                     </del>
Difficulty making decisions	

Difficulty organizing personal time or space

Difficulty remembering names		
Difficulty shifting attention		
Difficulty shifting tasks		
Difficulty thinking clearly		
Difficulty understanding conversations		
Distractibility		
Lack of alertness		
Lacking common sense		
Messy handwriting		
Not listening		
Poor concentration		
Poor math		
Poor drawing ability		
Poor planning/organization skills		
Poor short-term memory		
Poor sustained attention		
Poor verbal expression		
Poor vocabulary		
Poor word finding		
Poor working memory		
Reading difficulty		
Racing mind		
Slow thinking		
Umotivated		

Slow thinking				
Umotivated				
SENSORY	P351/35EQ	Present Se.	Never and	ons.
Auditory hypersensitivity				
Chemical sensitivities				
Feeling disconnected from the body				
Motion sickness				
Poor body awareness				
Sensory integration issues				
Tactile hypersensitivity				
Tinnitus				
Visual deficits				
Visual hypersensitivity				
Vertigo				

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	New and Issue
BEHAVIORAL	
Addictive behaviors	
Aggressive bheavior	
Anorexia	
Binging and purging	
Class clown	
Compulsive behaviors	
Compulsive eating	
Crying	
Eating for reward/punishment	
Excessive talking	
Hallucinations	
Hyperactivity	
Hypervigilance	
Impulsivity	
Inflexibility	
Lack of appetite awareness	
Lack of impulse control	
Lack of sense of humor	
Lack of social interest	
Manipulative behavior	<del>-                                     </del>
Motor or vocal tics	
Nail biting Oppositiional or defiant behavior	<del>-                                     </del>
Perfectionism	<del>                                     </del>
Picky eater	
Poor eye contact	<del>-                                     </del>
Poor grooming	<del>-                                     </del>
Poor social or emotional reciprocity	
Poor speech articulation	
Rages	
Self-injurious behavior	
Stuttering	
Thrill-seeking	
	Pesent Issue
EMOTIONAL	9755 He 98 Per 1755 P
Agitation	
Anger	
Anxiety	

Attachment problems		
Depression		
Despair		
Difficult to soothe		
Dissociative episodes		
Easily embarrassed		
Early trauma		
Emotional meltdowns		
Emotional reactivity		
Feelings of unreality		
Flashbacks of trauma		
Impatience		
Irritability		
Lack of emotional awareness		
Lack of emotional expression		
Lack of empathy		
Lack of pleasure		
Lack of social awareness		
Learned fears		
Low self-esteem		
Mania		
Mood swings		
Obsessive negative thoughts		
Obsessive worries		
Panic attacks		
Paranoia		
Phobia		
Suicidal thoughts		

PHYSICAL	Persont Issue Never on Issue
Allergies	
Asthma	
Autoimmune disorder	
Chronic constipation	
Clumsiness	
Encopresis	
Fatigue	
Heart palpitations	
High blood pressure	
Hot flashes	
Immune deficiency	
Irritable bowel	
Muscle tension	

Muscle twitches		
Muscle weakness		
Nausea		
PMS - agitation, physical symptoms		
PMS - migraines		
PMS - reactive, aggressive symptoms		
PMS - sad, mental fog, worry		
Poor balance		
Poor fine motor coordination		
Poor gross motor coordination		
Reflux		
Rigidity		
Seizures		
Skin rashes		
Spasticity		
Stress incontinence		
Sugar craving and reactivity		
Sweating		
Tremor		
Urge incontinence		

PAIN	New rank issue
Arthritis	
Chronic aching pain	
Chronic nerve pain	
Fibromyalgia pain	
Jaw pain	
Lack of pain awareness	
Low pain threshold	
Migraine headaches	
Muscle tension headaches	
Sciatica	
Sinus headaches	
Stomach aches	
Trigeminal neuralgia	

## **Treatment History**

## Medications

Medication	For Condition	Dose	Dates

## **Medical Treatment**

Procedure	For Condition	Description	Dates

Psychological Therapy

Therapy	For Condition	Therapist	Dates