NEURO DYNAMIX

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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 strength and weaknesses

Reading

Math

Art

Sense of direction

Concentration

Memory

Distractibility

Impulsivity

Hyperactivity

Genitournirary

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 behaviors

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

Anorexia

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

Medications:

Medication	For Condition	Dose	Dates

Family History

Symptom	Yes	No	Relationship
Asthma			
Autoimmune Disorders: Type 1 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 / criminal behavior			
Autism spectrum			
Schizophrenia			