



Linda J. Rhees L.C.S.W.

Salt Lake City, Uah

Phone: (801) 209-2005

[linda.neurodynamix.rhees@gmail.com](mailto:linda.neurodynamix.rhees@gmail.com)

## **Neurofeedback Evaluation Adolescent (High School)**

Name:

Date:

Age:

M or F:

Handedness:    L        R        Mixed

### **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

Chronic pain

Hearing problems

Ringing in ears

Vision problems

Heart problems

Skin problems

## **Gastrointestinal / Endocrine**

Thyroid

Heat or cold sensitivity

Diabetes

Sugar sensitivity

Eating habits

Appetite awareness

Stomach pain

Intestinal pain

Chronic constipation

Nausea or vomiting

PMS

## **Neurological**

Headaches

Fainting

Seizures

Coordination

Tremor or spasticity

Physically over-active or under-active

Accident prone

Motor or vocal tics

## **Habits**

Coffee use

Alcohol use

Cigarette use

Diet

Other drug use

## **Behavior / Emotions**

Mood swings

Depression

Anxiety

Irritability

Tantrums or violent behavior

Anger or aggression

Manic-depression

Panic attacks

Fears of Phobias

Obsessive-compulsive symptoms

Eating disorders

Addictions

Risk-taking behaviors

**Attention and Organization**

Attention span

Distractibility

Impulsivity

Organization ability

**School behavior and performance**

Favorite school subjects (strengths)

Least favorite school subjects (weaknesses)

Verbal expression

Reading

Math

Writing

Art

Spatial skills

Memory

Teacher complaints

Problems with homework

**Home behavior**

Problems with parents

Problems with siblings

## **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			