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## REGISTRATION

### CLIENT INFORMATION

Name: \_\_\_\_\_

Sex: \_\_\_ Female \_\_\_ Male \_\_\_ Non Binary

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ home \_\_\_ (check if best contact number)

\_\_\_\_\_ cell \_\_\_ (check if best contact number)

\_\_\_\_\_ work \_\_\_ (check if best contact number)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Children Name(s) and Age(s):

\_\_\_\_\_

\_\_\_\_\_

Student: \_\_\_ Minor: \_\_\_

Grade: \_\_\_ Name of School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Custodial Parent or Guardian Name(s): \_\_\_\_\_

Additional Parents or Caretakers: \_\_\_\_\_

Additional members of the household, Names and Ages:

\_\_\_\_\_

\_\_\_\_\_

## RESPONSIBLE PARTY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Pt.: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## INFORMATION YOU SHOULD KNOW

- **PAYMENT IS DUE AT TIME OF SERVICE**
- **YOU ARE RESPONSIBLE FOR THE FEE OF ANY APPOINTMENTS NOT CANCELLED WITHIN 24 HOURS OF SCHEDULED APPOINTMENT TIME**
- **DISCOUNTED / PACKAGE SESSIONS THAT HAVE NOT BEEN USED WILL NOT REMAIN AVAILABLE AFTER 6 MONTHS FROM THE LAST SCHEDULED APPOINTMENT**

## WHAT IS EEG BIOFEEDBACK / NEUROFEEDBACK?

- Neurofeedback is brain exercise
- We can observe the brain in action moment to moment and monitor brainwave activity.
- Neurofeedback uses instrumentation to show your brain activity. Neurofeedback can help change your brainwave activity by rewarding movement toward a more appropriate and stable brain state.
- Neurofeedback is a gradual learning process
- Neurofeedback is also called EEG biofeedback. The electroencephalogram (EEG) is another name for the brain wave recordings, and in this context, biofeedback refers to the process by which you can learn to improve your brain waves and thereby obtain better control over your brain states.

## WHAT CAN NEUROFEEDBACK HELP?

- Neurofeedback is training in self-regulation. Good self-regulation is necessary for optimal brain function.
- Self-regulation training enhances the functioning of the central nervous system and thereby improves mental performance, emotional control, and physiological stability.
- With Neurofeedback, we are concerned with the brain's internal regulatory networks, and we can train the brain's functional deregulation.
- Neurofeedback detects when the brain is off track through the EEG, we can train the brain toward improved and better functioning and enhanced stability.
- Neurofeedback is like putting a brain on an exercise program, to exercise certain regulatory functions.
- This can be applied to a wide variety of functional deficits.

## DOES NEUROFEEDBACK CURE SYMPTOMS OR CONDITIONS?

- In the case of organic brain disorders, it is more a matter of getting the brain to function better than curing the condition.
- When it comes to issues of deregulation, one could say that there is not a disease to be cured, and self regulation may very well be the remedy.

## WHO CAN BENEFIT FROM NEUROFEEDBACK?

- Individuals of any age can benefit from Neurofeedback and Biofeedback.
- Neurofeedback can help a variety of childhood problems including bedwetting, nightmares, attention deficits, and other forms of disruptive and disturbing behaviors.
- Neurofeedback can assist individuals who struggle with anxiety and depression or drug and alcohol use.
- Neurofeedback can alleviate symptoms of physical and emotional problems such as migraines or PTSD.
- Neurofeedback can help anyone maintain good brain function as they age.
- Peak performers also use EEG training to enhance their performance and abilities in sports, business, and the arts.

## HOW IS NEUROFEEDBACK DONE?

- Sensors are put on the scalp using EEG paste which can then pick up brain waves. It is painless and does not involve the application of any voltage or current to the brain, so it is entirely non-invasive.
- A computer processes the brain waves and extracts certain information from them.
- We show you the ebb and flow of your brain waves, and the specific information we obtain from them, in the form of a video game.
- We instruct you on how to play the video game using only your brain waves. (Everyone can do it.)
- The specific brain wave frequencies we reward and the sensor locations on the scalp are unique to every individual.

## WHAT HAPPENS IF NEUROFEEDBACK CLIENTS ARE TAKING MEDICATION?

- With successful Neurofeedback training, medications targeting brain function may no longer be needed, or they may be needed at lower dosages, as the brain takes over the role of regulating itself.
- It is important for clients and their therapists to communicate with their prescribing physician regarding Neurofeedback and medications.

## CONSENT

### CONSENT TO RECEIVE COUNSELING AND/OR EEG BIOFEEDBACK AND/OR BIOFEEDBACK

- ☐ I give permission to use neurofeedback as an adjunctive treatment modality
- ☐ I *do not* give permission to use neurofeedback as an adjunctive treatment modality
- ☐ I give permission to use biofeedback as an adjunctive treatment modality
- ☐ I *do not* give permission to use biofeedback as an adjunctive treatment modality
- ☐ If I engage in neurofeedback, I agree to inform and work with my prescribing doctor regarding any psychotropic medications I may be taking.

I \_\_\_\_\_ understand that there are no guarantees that my symptoms and concerns for which I have sought treatment will improve with counseling, neurofeedback and/or biofeedback and/or that any gains made may be limited. I do not hold Linda J. Rhees LCSW liable for treatment outcomes that do not meet or fulfill my expectations.

Should I elect to engage in EEG Biofeedback/Neurofeedback, I have been offered material (website information, reading etc.) to educate and inform me about this intervention and I acknowledge that it is my responsibility to read and/or view these materials to assure that I understand the intervention(s) in which I have elected to engage or have elected for my child.

I understand that payment for the services I receive are due at the time of service and that I am financially responsible for appointments not canceled within 24 hours. I agree to pay the cost of the missed session. (Emergencies are of course understandable.)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## CONFIDENTIALITY AND CONSENT TO RELEASE INFORMATION

The law protects the privacy of all communications between a client and a provider. In most situations, a provider can only release information about your treatment to others if you sign a written authorization form. Your signature on this agreement provides consent for special situations, as follows:

- From time to time it might be found to be helpful to consult with other health and neurofeedback practitioners about a case
- Occasionally there may be a need for information regarding your treatment to be shared with other agencies

I \_\_\_\_\_

Hereby give my permission

To release the following information:

\_\_\_\_\_ Information

\_\_\_\_\_ records

\_\_\_\_\_

Regarding: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### RELEASE OF INFORMATION EXPIRES 90 DAYS PAST DATE SIGNED

- Please use this code or emoji \_\_\_\_\_ in all texts to assure that it is you that is texting
- Please erase all texts sent or received as to keep them on your phone violates laws of confidentiality