

O.T. SOLUTIONS

5111 SE Lake Road, Milwaukie, OR 97202 ~ 971-222-8863

BIO & NEUROFEEDBACK - INTAKE/HISTORY

Name of Client: _____ **Age:** ____ **DOB:** _____

Address: _____

City/State/Zip: _____

Phone: (home) _____ (email) _____

Parent(s) or Guardian of minor:

Name(s): _____

Address: (if different from above) _____

City/State/Zip: _____

Physician/other health care professional (chiropractor, naturopath, etc.)

Name: _____ Phone: _____

Referral source to this office: _____ **Phone:** _____

Diagnosis: _____

Current medications: _____

Briefly list other approaches you have tried for this condition: (medication, therapy, counseling, alternative medicine, etc.) _____

What benefits do you hope to gain from biofeedback or neurofeedback?

How did you hear about O.T. Solutions?

Health History – Please list your (or your child’s) history in relation to the following:

<u>Prenatal & Birth</u>	<u>Yes</u>	<u>No</u>	<u>Details</u>
Prenatal injury	___	___	_____
Birth trauma	___	___	_____

<u>Physical Traumas</u>	<u>Yes</u>	<u>No</u>	<u>Details</u>
Head Injury	___	___	_____
Coma	___	___	_____
Serious Illness	___	___	_____
Other	___	___	_____

<u>Psychological stress</u>	<u>Yes</u>	<u>No</u>	<u>Details</u>
Death in Family	___	___	_____
Divorce/Remarriage	___	___	_____
Move/Relocation	___	___	_____
School Change	___	___	_____
Job Change	___	___	_____
Family member illness	___	___	_____

Symptom Checklist: Please indicate if the client currently experiences or has a history of any of the following symptoms:

Feeling tense	___
Depressed	___
Always on the go	___
School/Work problem	___
Impulsivity	___
Hyperactivity	___
Attention problems	___
Behavior problems	___
Vocal or motor tics	___
Sleep problems	___

Headaches	___
Frequent illness	___
Repetitive thoughts	___
Repetitive behavior	___
Allergies	___
Seizures	___
Chronic pain	___
Head injury	___
Memory problems	___

Temper tantrums	___
Rages	___
Verbal Aggression	___
Physical aggression	___
Stubbornness	___
Addictions	___
Chronic fatigue	___
Feeling panicky	___
Picky eater	___