Neurofeedback Evaluation

Adolescent (High School)

Name:

Date:

Age:

M or F

School:

Grade:

Handedness: L R Mixed

Health:

Sleep
- Difficulty falling asleep or staying asleep
- Difficulty waking
- Restless sleep
- Sleepwalking or night terrors
- Bruxism
- 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

Anxiety

Depression

Fears or phobias

Panic attacks

Irritability

Anger

Tantrums or violent behavior

Manic-depression

Obsessive-compulsive symptoms

Eating disorders

Addictions

Risk-taking behavior

Attention And Organization:

Attention span

Distractibility

Impulsivity

Organizational ability

School Behavior And Performance:

Favorite school subjects (strengths)

Least favorite 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
Anoxia
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

Other Therapy:

Therapy	For Condition	Therapist	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 or Criminal Behavior			
Autism spectrum			
Schizophrenia			