



Client Informed Consent

I _____, understand that NeuroOptimal® is not a medical treatment, device or methodology. It is not used to diagnose medical disorders nor is it used as a medical treatment for disorders and has not been approved for any medical purpose by the FDA, Health Canada or any other governing agency. While Zengar® users may or may not be licensed health care practitioners, their use of NeuroOptimal® is solely as a tool for brain training and optimization and not as a means of diagnosis or as a medical intervention.

I am satisfied with the information I have been provided (verbal, written or otherwise) by my Trainer on the effects I can expect during my NeuroOptimal® training and my questions have been answered to my satisfaction. I understand that it is not possible to predict what my central nervous system will do with the information it is offered and consequently there can be no guarantee as to the results of my training. I also understand that under normal use, NeuroOptimal® does not produce side effects. Some users however, may experience some temporary effects from training due to the increase in challenge to the brain that the training represents. This effect typically resolves after a few Sessions.

I agree to cease training if I am less than happy with the results I am getting. I understand NeuroOptimal® is purely a source of information and does not direct the response of the central nervous system. Consequently I agree to not hold Zengar Institute Inc. or any of its users and Trainers responsible for a less than desired outcome or any outcome that may be considered negative.

YOUR PRINTED NAME

TODAY'S DATE

YOUR SIGNATURE



NEUROPTIMAL®
POWERED BY ZENGAR®

SETTING YOUR GOALS

FILL THIS OUT BEFORE YOU START YOUR TRAINING WITH NEUROPTIMAL®

I will know NeurOptimal® is working if....

1.
2.
3.

Put this in an envelope with your Checklist of Concerns and don't look at it until after you have filled in your next set of forms!

www.neuroptimal.com

MY JOURNAL: CHECKLIST

NAME:

DATE:

PRE/ONGOING/POST:

Please check off any item that represents how you are feeling using the past week as your guide. Add comments if you wish.

- | | | |
|--|---|--|
| 1. Itchy or irritated nose, sneezing | 37. Difficulty going to the bathroom | 70. Difficult to complete studies or work |
| 2. Wheezing | 38. Eat when not hungry, or not feeling hungry | 71. Get into trouble at school or work |
| 3. Catch cold too often | 39. Trouble eating sweets | 72. Mix up numbers or letters sometimes |
| 4. Run down | 40. Urges to eat sweet things | 73. Difficult to know how things fit together |
| 5. Tired | 41. Sensitive to heat or cold | 74. Difficulty with some subjects |
| 6. Awake too long when you go to bed | 42. Slowed down or speeded up | 75. Need to go to the bathroom but hard to start |
| 7. Waking up during the night | 43. Moody at certain times of the month | 76. Lose your urine sometimes |
| 8. Waking up before you want to | 44. Hot flashes | 77. Difficult to control going to the toilet |
| 9. Difficult to wake up in the morning | 45. Problems from being of a "certain age" | 78. Stinging sensations when going to the bathroom |
| 10. Bad dreams | 46. Not interested in your partner | 79. Drink too much sometimes |
| 11. Difficulty breathing at night | 47. Too interested in your partner or other people? | 80. Smoke cigarettes |
| 12. Out of bed but not knowing how you got there | 48. Stiff and sore | 81. Concerns about eating |
| 13. Skin difficult to manage | 49. Areas that really hurt when touched | 82. Need caffeine to get going |
| 14. Hair weaker or less lustrous than you'd like | 50. Muscles hurt | 83. Enjoy marijuana |
| 15. Nails weak, flaking or tearing | 51. Fatigued | 84. Habits that concern you |
| 16. Blurry vision at times | 52. Pains in your head | 85. Moody |
| 17. Areas where you can't see anything | 53. Going to pass out | 86. Feeling low or flat |
| 18. Spots floating in front of you | 54. Lose consciousness | 87. Feel sad |
| 19. Difficult to hear | 55. Difficult to remember things | 88. Concerned about things |
| 20. Ringing in your ears | 56. Difficult to find your words | 89. Feel terrified sometimes |
| 21. Ears hurt inside | 57. Difficulty reading | 90. Mull about things |
| 22. Smells seem different or lost | 58. Difficult to speak sometimes | 91. Thoughts you'd like to stop but can't |
| 23. Nose gets blocked | 59. Shaky | 92. Need to do things over and over |
| 24. Grinding your teeth | 60. Weak | 93. Eat more food than you can comfortably eat |
| 25. Things taste different | 61. Too active | 94. Careful to never eat too much |
| 26. Voice hoarse or sore | 62. Can't balance on one leg | 95. Make yourself throw up |
| 27. Can't get enough air | 63. Moving your head or saying words you don't intend | 96. Difficult to do things you'd like to do |
| 28. Heart too fast or jumpy | 64. Difficulty paying attention | 97. Others are against you |
| 29. Pulsing or throbbing in your head | 65. Easily distracted | 98. Get into trouble for your behavior |
| 30. Heart skips a beat | 66. Make a lot of mistakes | 99. Feeling angry |
| 31. World spinning around you | 67. Disorganized | 100. Overwhelmed |
| 32. Might throw up | 68. Difficult to complete tasks | |
| 33. Tummy hurts | 69. Lose your train of thought | |
| 34. Gassy, bloated | | |
| 35. Sensitive digestion | | |
| 36. Upset stomach | | |

Note: Any concerns mentioned are intended as examples only and not meant to suggest that NeuroOptimal[®] treats, mitigates, cures, or diagnoses any listed concern. Instead, identified concerns and medication use are one of many ways to measure shifts in brain functioning and perception.

Quality of Life (0 – 10 scale):

Approximate hours of sleep/night:



MY JOURNAL: TRACKER

Start your journey here and track as you go.

NAME: _____ DATE: _____

SESSION # _____ MY QUALITY OF LIFE ON A SCALE OF 0-10 IS: _____

ITEM Pick the items that you would most like to see shift	DURATION How long did it last? Do not count when you were sleeping	INTENSITY How strong was it 0-10	FREQUENCY How many times did you feel this way in the past week, or how many days out of 7?
1.			
2.			
3.			
4.			
5.			

Note: Please note that NeuroOptimal® does not diagnose, treat, mitigate, prevent or cure any disease, disorder or abnormal physical state, nor does it restore, modify or correct the body's structure or functioning. Information provided is for reference and tracking purposes.