

NEUROFEEDBACK PRESENTING CONCERNS & HISTORY

Name: _____ Date: _____

Age: _____ Gender (circle): male female Handedness (circle): left right mixed

If child: School: _____ Grade: _____ Name of parents: _____

Your main concerns:

SYMPTOMS

Fill out the following for the person receiving neurofeedback. Rate every symptom below if it has been significantly present now or in the past. Use 1 = mild intensity, 2 = moderate, 3 = severe. **Also, circle the number if the symptom has been experienced anytime during the past two months.** Some items are repeated; mark them each time.

Section 1: Emotional Symptoms

Depression

- depressed mood
- lessened interest in normal activities
- 5% weight loss or gain in one month
- inability to sleep
- sleeping too much
- excessive fatigue
- feelings of worthlessness
- unrealistic guilt
- thoughts of death
- suicidal thoughts, plan, or attempt
- appetite too high
- appetite too low
- low self-esteem
- poor concentration
- unable to make decisions
- feelings of hopelessness
- crying spells

Elevated Mood

- inflated self-esteem
- decreased need for sleep
- talkative
- mind races from one idea to next
- distractible
- exaggerated level of activity: social, work, school
- physical restlessness
- excessive spending
- accelerated sexual behavior
- risky financial investments

Anxiety

- panic attacks
- phobias
- obsessions--thoughts one can't stop thinking
- compulsions--behaviors one can't stop doing (counting things, checking locks, etc.)
- overworking - no personal life
- doubting and indecisions
- dry mouth
- sweating
- wringing hands
- dizziness
- choking
- nausea
- numbness
- chest pain
- fear of dying
- fear of going crazy/out of control
- fear of leaving the house or going to school

Trauma Stress

- recurring or intrusive memories of a trauma
- recurring dreams or nightmares
- sudden acting/feeling as if trauma is recurring
- distress at events that symbolize or resemble trauma
- avoiding thoughts or feelings that are reminders of trauma

- ___ avoiding activities or situations that are reminders of trauma
- ___ inability to recall important aspects of trauma
- ___ diminished interest in significant activities
- ___ feelings of detachment or disconnectedness from environment
- ___ narrow range of emotions
- ___ sense of foreshortened future (e.g., feel will die early)
- ___ difficulty falling or staying asleep
- ___ irritability or outbursts of anger
- ___ difficulty concentrating
- ___ excessively watchful for danger
- ___ exaggerated response when surprised by another person
- ___ physiological reaction at events that are reminders of trauma

Mood-Related Stress

- ___ volatile, intense relationships
- ___ potentially self-damaging impulsiveness (spending, sex, substance abuse)
- ___ mood swings
- ___ intense anger or aggression
- ___ thoughts of wanting to hurt someone; homicidal thoughts
- ___ self-mutilating behavior
- ___ identity disturbance
- ___ feelings of emptiness/boredom
- ___ difficulty being alone
- ___ frantic efforts to avoid abandonment

Relationships

- ___ divorce
- ___ arguments
- ___ jealousy
- ___ anger
- ___ fights over money/sex
- ___ can't establish a relationship
- ___ emotionally dependent relationships
- ___ simultaneous multiple relationships

Other Emotional Symptoms

- ___ tantrums
- ___ mood swings
- ___ frequent irritability
- ___ feelings of helplessness
- ___ feelings of unreality about self or environment
- ___ family stress
- ___ school stress
- ___ job stress
- ___ perfectionism
- ___ generalized dissatisfaction
- ___ frustration
- ___ loneliness
- ___ losses, deaths
- ___ concerns about living arrangements
- ___ spiritual or religious concerns
- ___ lack of identity
- ___ gender identity concerns
- ___ sexual orientation concerns

Section 2: Cognitive / Behavioral Symptoms

ADHD

Inattention:

- ___ poor attention to details; careless mistakes
- ___ poor attention in tasks or play
- ___ poor attention when spoken to directly
- ___ poor follow through on instructions
- ___ failure to finish schoolwork, chores, or duties (not oppositional behavior or failure to understand instructions)
- ___ difficulty organizing
- ___ avoiding or disliking sustained mental effort
- ___ losing things needed for activities
- ___ easily distracted
- ___ forgetful

Hyperactivity:

- ___ fidgeting, squirming (or did so when a child)
- ___ leaving seat or desk often
- ___ feelings of restlessness
- ___ difficulty engaging in leisure quietly
- ___ "on the go" or "driven by a motor"
- ___ talking excessively

Impulsivity:

- ___ blurting out answers before questions are completed
- ___ difficulty awaiting turn
- ___ interrupting/intruding on others

Academics

- ___ verbal expression
- ___ doing homework
- ___ getting assignments turned in

- reading
- spelling
- writing
- math
- art
- sense of direction

Neurological

- memory
- problems planning events or carrying out complicated mental tasks
- headaches
- fainting
- seizures
- outbursts of temper; emotions that go way up and down quickly
- speech problems
- tremor or spasticity
- weakness
- balance
- coordination
- accident prone
- motor or vocal tics

Caffeine, Alcohol, Drugs, Addictions

Describe pattern of behavior for each item, the time frame involved, and current experience.

- caffeine
- alcohol
- nicotine
- cocaine
- marijuana
- crystal meth
- other amphetamines
- heroin
- ecstasy
- PCP
- LSD

- other drugs: _____
- gambling
- overworking; no personal life

Other Cognitive / Behavioral Symptoms

- insensitive to others
- poor social skills
- manipulative
- lack of guilt feelings
- shy, uneasy with others, withdrawn
- fatigue
- marital difficulties
- risk-taking behavior
- parenting difficulties
- inflexible
- employment/school problems
- compulsive under-earning; can accept only low paying jobs
- money management problems
- hyperreligiosity
- frequent lying
- frequent cheating
- aggressive or violent behavior
- lack of assertiveness
- sexual performance problems; impotence

For Children

- teacher complaints
- problems with peers
- overactive
- underactive
- uncooperative
- unpredictable
- oppositional
- defiant
- not knowing right from wrong

Section 3: Physical Symptoms

Sleeping

- difficulty falling asleep or staying asleep
- difficulty waking
- restless sleep
- sleepwalking or night terrors
- nightmares

Eating

- thirst
- sugar sensitivity
- other food sensitivities
- awareness of appetite

- food cravings
- binge eating
- purging (forced vomiting)
- bulimia
- anorexia
- obesity
- eating to “medicate” away feelings
- not eating a healthy diet

Vision

- double vision
- blurred vision
- blind spots

- eye pain
- visual sensitivity
- loss of vision

Auditory / Olfactory

- hearing loss
- ringing in ears
- earaches
- chronic ear infections
- sense of smell

Mouth / Throat

- bruxism (grinding teeth, clenching jaw)
- sense of taste

Cardiovascular / Pulmonary

- breathing problems
- heart problems
- palpitations or tachicardia

Gastrointestinal

- nausea or vomiting
- stomach pain
- intestinal pain
- chronic constipation
- irritable bowel

Endocrine

- appetite awareness
- diabetes
- heat or cold sensitivity

- thyroid disorder

Orthopedic

- chronic pain or stiffness
- low pain threshold
- high pain tolerance
- chronic aching pain
- chronic nerve pain (burning or stabbing)

Genitourinary

- incontinence
- bedwetting
- soiling
- PMS symptoms
- menopausal symptoms

Other Physical Symptoms

- frequent illness: _____
- allergies
- skin problems
- asthma
- pain
- headaches
- abdominal distress
- sense of touch
- other: (list) _____
- _____
- _____
- _____

PERSONAL HISTORY

Please give details for the following:

Developmental History

Birth and infancy (circle problem areas and describe below): prenatal stress or injury, prenatal drug exposure, difficult labor, difficult birth, premature or late birth, medical problems after birth. Also indicate if an adoption occurred and at what age.

Congenital or hereditary defects:

Infancy: (problems nursing, weaning, developmental milestones such as walking or talking, diseases)

Before age 6 (circle problem areas and describe below): colic, sleeping, eating, activity level, attachment, familiar relationships, emotional development, motor development, language development.

Primary school years (circle problem areas and describe below): problems with social development, school attendance, feelings about school, learning issues.

Adolescent development (circle problem areas and describe below): problems during junior high and high school, learning issues, dating, friendships, social activities.

Academic strengths and weaknesses:

Family of Origin

Circle symptoms had by any family members	Indicate their relationship to client (mother, uncle, etc.)
Asthma	
Autoimmune Disorders: Diabetes, Rheumatoid Arthritis, Lupus, MS, Scleroderma, etc.	
Thyroid disorder	
Migraine	
Sleep Problems	
Depression	
Bipolar Disorder (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	

Abuse and Trauma

Please identify any abuse or trauma that happened inside or outside home, including sexual, physical, or emotional abuse or neglect. Please note that neurofeedback can reduce hypervigilance and allow untreated trauma to be felt more strongly, sometimes requiring psychological treatment.

Has treatment been had for the above? Y N Was it helpful?

Academic History and Early Adulthood

Education beyond high school: (when, where, major, grade point average)

Significant happenings during early adulthood that may be relevant to presenting concerns:

Marriage, Partnership

Spouse/partner:

Children: (ages)

Medical History

Height: _____ **Weight:** _____

Significant past illnesses: (head injury, car accidents or other accidents, high fever, serious illness, CNS infection or identifiable brain disease, drug overdose, poisoning, anoxia, heart attack, stroke, etc.)

Current illnesses:

Current or past physical therapy, chemotherapy, or other medical therapy:

Psychiatric History

Inpatient psychiatric hospitalization, including drug or alcohol rehab: (when, where, helpfulness)

Outpatient treatment: (starting when, by whom, how long, helpfulness)

Diagnosis: (when, by whom)

Current suicidal thoughts or plans: (include family history of suicide, current reasons for being suicidal, means likely to be used, and what could happen that might result in a suicide attempt)

Previous suicidal thoughts, plans, or attempts:

Thoughts of hurting someone else (even “for their own good”); current or past homicidal thoughts, actions, plans:

Current Medications:

Medication	Condition	Prescribed by	Dosage	Date Started

Current physicians: (phone numbers, what they are treating)

Work History

Current and past employment: (any significant information)

Level of current job stress:

Legal History

Legal problems, arrests, etc., relevant to presenting concern:

Middle/Older Adulthood & Any Other Relevant Information at Any Age

Significant happenings (both positive and negative) that may be related to presenting concerns. Include any trauma not covered elsewhere, recent deaths of important figures, etc.