

ADULT EVALUATION

Name: _____ Date: _____
DOB: _____ Age: _____ Occupation: _____ Male Female
Handedness: Left Right Mixed Status: Single Married Divorced Widowed

GOALS: Please list three goals for neurofeedback training

1. _____

2. _____

3. _____

HEALTH HISTORY:

Sleep

- Difficulty falling asleep or staying asleep Difficulty waking Restless sleep
 Sleepwalking or night terrors Nightmares Other sleep problems

Allergies _____

Asthmas Frequent illness Fatigue

DERMATOLOGICAL:

Skin problems _____

VISUAL:

Double vision Blurred vision Blind spots Eye pain Visual sensitivity

AUDITORY / OLFACTORY:

Hearing loss Ringing in ears Auditory sensitivity Sense of smell

MOUTH / THROAT:

Bruxism Sense of taste

CARDIOVASCULARY / PULMONARY:

Breathing problems Heart problems Hypertension Palpitations or tachicardia

GASTROINTESTINAL:

Nausea or vomiting Stomach pain Intestinal pain Chronic constipation

Irritable bowel

ENDOCRINE:

Appetite awareness Thirst Sugar sensitivity Diabetes Heat or cold sensitivity

Thyroid disorder

ORTHOPEDIC:

- Chronic pain or stiffness Low pain threshold High pain tolerance
 Chronic aching pain Chronic pain (buring or stabbing)

NEUROLOGICAL:

- Headaches Fainting Seizures Speech problems Tremor or spasticity
 Weakness Balance Coordination Accident prone Motor or vocal tics

ATTENTION AND COGNITIVE:

Academic strengths and weaknesses _____

Reading _____

Math _____

Art _____

Sense of direction _____

Concentration / Distractibility _____

Memory _____

Impulsivity _____

Hyperactivity _____

GENITOURINARY:

Incontinence PMS symptoms Menopausal symptoms

HABITS:

Coffee use _____ Alcohol use _____

Cigarette use _____ Diet _____

Other drug use _____

BEHAVIOR / EMOTIONS:

Mood swings Depression Panic attacks Irritability Anger

Fears or phobias _____

Manic-depression Obsessive-compulsive symptoms Eating disorders

Addictions Risk-taking behavior

PERINATAL:

Adopted at age: _____ Prenatal stress or injury _____

Prenatal drug exposure _____

Difficult labor Difficult birth Premature or late birth

Medical problems after birth _____

GROWTH AND DEVELOPMENT:

- Colic Chronic ear infections Asthma
- Sleep problems _____
- Eating problems _____
- Activity level _____
- Attachment _____
- Emotional development _____
- Motor development _____
- Language development _____
- Allergies _____

PHYSICAL TRAUMAS:

- Head injury _____
- Accidents _____
- Serious illness _____
- High fever CNS infection Poisoning Anoxia Stroke
- Drug overdose _____

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	Reaction / Side Effects

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, Sclerodema, etc.			
Thyroid disorder			
Migraine			
Sleep Problems			
Depression			
Manic-depression			
Anxiety			
Phobias			
Panic Attacks			
Motor or Vocal Tics			
Seizures			
Eating Disorders or Obesity			
Addictions			
Hyperactivity			
Learning Problems			
Conduct Problems or Criminal Behavior			
Autism spectrum			
Schizophrenia			