Brain In Balance Neurofeedback / Counselling brainvalance.ca 778-389-3858

Symptoms



Name	Medication					Date of SessionCompleted by:(initials)	
	Circle relevant rating for each category worst poor fair good best					Circle any that apply, or add appropriate work or phrase	Other Comments
Sleep Asleep am/pm Awoke am/pm	1	2	3	4	5	difficulty falling asleep difficulty remaining asleep teeth grinding soiling sleepwalking nightmares snoring did not wet bed (if formerly a problem)	comments
Mood/Outlook	1	2	3	4	5	cheerful/sunny confident optimistic anxious/upright pessimistic changeable/reactive irritable withdrawn fearful sad tearful/weepy	
Activity Level children) Energy Level adult)	1	2	3	4	5	overactive low energy very active high energy active variable/impulsive sufficient energy sluggish inactive	
Motivation	1	2	3	4	5	highly motivated & able to get started procrastinating unmotivated	
Attention	1	2	3	4	5	attentive to what is happening preoccupied/"daydreamy" inattentive easily distractible hyperfocused/unaware of surroundings spacey	
Social	1	2	3	4	5	easily interactive with others compassionate and empathetic unconcerned about feelings of others unfulfilling social experiences	
Memory	1	2	3	4	5	adequate memory for life challenges forgetful of tasks, objects, names difficulty recalling new material necessary for success	
Speech	1	2	3	4	5	please rate 1-5 (5 being best for age): expressing thoughts/feelings articulation finishing thoughts pitch regulation appropriateness	
GI Issues	1	2	3	4	5	frequency:x per day time on toilet:min/hrs degree of training:	
Behaviour	1	2	3	4		aggressive tantrums/rages impulsive manipulative/controlling cooperative deceptive annoying to others compulsively silly overly compliant resistant	
Physical						muscle tension headache nail biting stomach distress loose stool pain	

picking at skin/pulling hair reflux constipation teeth grinding other