Brain In Balance

Neurofeedback / Counselling

braininbalance.ca

778-389-3858



NEUROFEEDBACK EVALUATION - ADOLESCENT (HIGH SCHOOL) CONFIDENTIAL				
PERSONAL INFORM	MATION		Dat	e:
Name:				
Date of Birth: (da	y)/(mth)	/ (yr)	Age:	м 🗆 ғ 🗆
HEALTH:				
Sleep	□ D □ R □ SI □ BI □ N	ifficulty falling asl ifficulty waking estless sleep eepwalking or ni- uxism ightmares ther sleep proble		
Comments:				
□ Allergies				
□ Asthma				
□ Frequent Illness				
□ Fatigue				
□ Chronic pain				
☐ Hearing problem	s			
□ 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 be	ehavior
	/e
□ Eating disorders	
□ Addictions	
□ Risk-taking behavior_	
ATTENTION AND ORGAN	NIZATION:
☐ Attention span	
□ Distractibility _	
□ Impulsivity _	
□ Organizational ability	

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:

For Condition	Dose	Dates
	For Condition	For Condition Dose

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: 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			