

# Brain In Balance

## Neurofeedback / Counselling

braininbalance.ca

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### NEUROFEEDBACK EVALUATION - ADULT

CONFIDENTIAL

#### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: (day)\_\_\_\_/(mth)\_\_\_\_/ (yr)\_\_\_\_\_ Age: \_\_\_\_\_ M  F

#### HEALTH:

##### Sleep

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

Comments: \_\_\_\_\_

Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Frequent Illness \_\_\_\_\_

Fatigue \_\_\_\_\_

**DERMATOLOGICAL:**

Skin problems \_\_\_\_\_

**VISUAL:**

Double vision \_\_\_\_\_

Blurred vision \_\_\_\_\_

Blind spots \_\_\_\_\_

Eye pain \_\_\_\_\_

Visual sensitivity \_\_\_\_\_

**AUDITORY / OLFACTORY:**

Hearing loss \_\_\_\_\_

Ringing in ears \_\_\_\_\_

Ear-aches \_\_\_\_\_

Sense of smell \_\_\_\_\_

**MOUTH / THROAT**

Bruxism \_\_\_\_\_

Sense of taste \_\_\_\_\_

**CARDIOVASCULAR / PULMONARY:**

Breathing problems \_\_\_\_\_

Heart problems \_\_\_\_\_

Hypertension \_\_\_\_\_

Palpitations or tachycardia \_\_\_\_\_

**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 nerve pain (burning 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 \_\_\_\_\_
- Memory \_\_\_\_\_
- Distractibility \_\_\_\_\_
- Impulsivity \_\_\_\_\_
- Hyperactivity \_\_\_\_\_

**GENITOURINARY:**

- Incontinence \_\_\_\_\_
- PMS symptoms \_\_\_\_\_
- Menopausal symptoms \_\_\_\_\_

**HABITS:**

- Coffee use \_\_\_\_\_
- Alcohol use \_\_\_\_\_
- Cigarette use \_\_\_\_\_
- Diet \_\_\_\_\_
- Other drug use \_\_\_\_\_

**BEHAVIOR / EMOTIONS:**

- Mood swings \_\_\_\_\_
- Depression \_\_\_\_\_
- Anxiety \_\_\_\_\_
- Anger or aggression \_\_\_\_\_
- Manic-depression \_\_\_\_\_
- Panic attacks \_\_\_\_\_
- Phobias \_\_\_\_\_
- Obsessive-compulsive \_\_\_\_\_
- Eating disorders \_\_\_\_\_
- Addictions \_\_\_\_\_
- Risk-taking behavior \_\_\_\_\_

# 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:

Medication	For Condition	Dose	Dates

### 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			