

# Neurofeedback Evaluation Adolescent (High School)

Name:

Date:

Age:

M or F

School:

Grade:

Handedness: L R Mixed

## **HEALTH:**

### Sleep

Difficulty falling asleep or staying asleep

Difficulty waking

Restless sleep

Sleepwalking or night terrors

Bruxism

Nightmares

Other sleep problems

Allergies

Asthma

Frequent illness

Fatigue

Chronic pain

Hearing problems

Ringling 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 behavior

Manic-depression

Obsessive-compulsive symptoms

Eating disorders

Addictions

Risk-taking behavior

**ATTENTION AND ORGANIZATION:**

Attention span

Distractibility

Impulsivity

Organizational ability

**SCHOOL BEHAVIOR AND PERFORMANCE:**

Favorite school subjects (strengths)

Least favorite subjects (weaknesses)

Verbal expression

Reading

Math

Writing

Art

Spatial skills

Memory

Teacher complaints

Problems with homework

**HOME BEHAVIOR:**

Problems with parents

Problems with siblings

## 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: I 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			