

## Neurofeedback Assessment Interview

Name \_\_\_\_\_ Date \_\_\_\_\_  
M or F Age \_\_\_\_\_ School grade \_\_\_\_\_ Handed: L R mixed  
Primary concerns \_\_\_\_\_

### **Sleep**

Difficulty falling asleep

Restless sleep

Nightmares

Night-terrors

Sleep walking or talking

Restless leg

Not rested after sleep

Sleep apnea / snoring

Narcolepsy

### **Attention**

Focused attention

Organization and planning

Memory

Body awareness

Appetite awareness

Space and time awareness

Attention to detail

**Sensory/Cognitive**

Vision

Hearing

Tinnitus

Verbal expression

Reading/writing

Math

Drawing

Sense of direction

Logic

Common sense

**Behavior**

Impulsive

Compulsive

Oppositional

Tantrums/rages

Aggressive

Thrill seeking

Self-injury

Addiction

Eating disorders

## **Emotions**

Anxiety

Fear

Obsessive worries

Depression

Anger

Emotional reactivity

Phobias

Suicidal thoughts

Mood swings

Panic attacks

Lack of empathy

## **Physical**

Balance

Coordination

Spasticity/muscle tension

Tremor

Hyperactivity

Tics

Bruxism

Muscle weakness

## **Physiology**

Allergies

Asthma

Diabetes

Autoimmune

High blood pressure

Frequent illness

Nausea or vomiting

Dizziness / fainting

Sugar craving and reaction

PMS/menopausal symptoms

Thyroid / endocrine

Incontinence / enuresis

Chronic constipation / irritable bowel

Skin problems

## **Pain**

Headaches

Stomach pain

Muscle tension pain

Arthritis (joint) pain

Chronic nerve pain

High pain tolerance

**Birth and early development**

In utero or birth trauma

Early developmental problems

Early trauma or neglect

Adopted

Attachment problems

**Brain injury or seizures**

High fever

Traumatic brain injury

Stroke

Seizures

Other brain injury

**Traumatic experience**

Physical trauma

Emotional trauma

**Drug experience**

Caffeine

Alcohol

Nicotine

Marijuana

Other

**Current medications**

**Past medications**

**Therapies**

Psychotherapy

Physical therapy

Occupational therapy

Educational therapy

Other

### Family History

Symptom	Yes	No	Relationship
Asthma			
Autoimmune Disorders			
Thyroid disorder			
Migraine			
Sleep Problems			
Depression			
Manic-depression			
Anxiety			
Phobias			
Panic Attacks			
Motor or Vocal Tics			
Seizures			
Eating Disorders			
Addictions			
Obsessive Compulsive Symptoms			
Speech Problems			
Attention Problems			
Hyperactivity			
Learning Problems			
Conduct Problems or Criminal Behavior			
Autism spectrum			
Schizophrenia			

<b>Starting Placement ILF HD</b>	
<b>T3-T4</b> Stability Left/right balance No early trauma	<b>T4-P4</b> Right brain calming Developmental trauma Chronic dysregulation

<b>Basic Sites ILF HD</b>	
Left Front <b>T3-Fp1</b> (Mental calming and impulse control)	Right Front <b>T4-Fp2</b> (Calm emotional suffering and reactivity)
Left – Right <b>T3-T4</b> (Stabilizing)	
Left Back <b>T3-P3</b> (Detail awareness and processing)	Right Back <b>T4-P4</b> (Physical calming, body and spatial awareness)

<b>Alpha-Theta</b>
Unprocessed trauma

<b>Synchrony</b>
Quiet mind and body, resilience