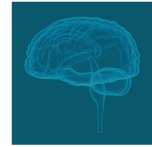


# CHECKLIST OF CONCERNS



NEUROFEEDBACK  
TRAINING CO.

Name: \_\_\_\_\_ Check: Pre On-going Post

Date: \_\_\_\_\_ Number of Neurofeedback Sessions  
*format mm/dd/yy (Leave blank if this is your first session)*

**Rate each symptom from 1-10 (1=no problem; 10=severe)**

## **Immunity**

- Allergies
- Asthma
- Nose or sinuses blocked
- Frequent colds

## **Sleep**

- Can't fall asleep
- Wake up at night/can't fall back to sleep
- Wake up too early
- Feel tired when wake up
- Nightmares
- Snoring
- Wake up and immediately start worrying

## **Lungs**

- Shortness of breath/ shallow breathing
- Holding your breath
- Dizziness

## **Intestines**

- Gas or bloating
- Irritable bowel
- Constipation
- Diarrhea

## **Hormone/Blood**

- Thyroid problem
- PMS symptoms
- Hot flashes
- Waking up at night hot
- Low interest in sex

## **Muscles**

- Pain in muscles/ joints
- Lower back pain
- Fibromyalgia
- Bodily fatigue
- Don't feel comfortable in my body

## **Nervous System**

- Headaches
- Migraines
- Seizures
- Short term memory loss
- Long term memory loss
- Blocked on words
- Body or vocal tics



**Attention/Organization**

- Difficulty concentrating
- Easily distracted when trying to focus
- Difficulty organizing and/or schedule
- Difficulty prioritizing tasks
- Losing train of thought
- Hyperactive/can't sit still

**School Learning**

- Verbally impulsive
- Difficulty completing work tasks/homework
- Inverting numbers/letters
- Spacial problems such as building things, putting things together
- Failing to master certain subjects
- Getting in trouble at school / work

**Habits**

- Drink alcohol
- Smoke marijuana
- Smoke cigarettes
- Binge eat
- Eat sweets/carbohydrates
- Don't eat enough
- Drink caffeinated drinks
- Overspend

**Emotions**

- Mood swings rapidly in a day or week
- Feel depressed or down
- Feel sad
- Feel worried
- Feel like the world isn't a safe place
- Feel like others are against me
- Feel anxious
- Panic attacks
- Feel hopeless
- Feel numb
- Have repetitive worries that don't stop
- Obsessive thoughts
- Need to repeat actions over and over
- Phobias
- Feel angry/angry outbursts
- Impulsive
- Feel overwhelmed

**Tell us why you decided to try neurofeedback.**

*Include specific issues/concerns you would like to see change or diminish. Rate from 1-10.*

**How did you find out about our us? Check all that apply**

- |                 |                            |               |
|-----------------|----------------------------|---------------|
| Word of mouth   | Facebook                   |               |
| Internet search | Twitter                    |               |
| Google Ad       | Yelp                       |               |
| Yahoo           | From a friend              | (Referred by: |
| Other           | From a health professional | (Referred by: |