

Neurofeedback Assessment

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

Pain

Headaches

Stomach pain

Muscle tension pain

Arthritis (joint) pain

Chronic nerve pain

High pain tolerance

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

Emotions

Anxiety

Fear

Obsessive worries

Depression

Anger

Emotional reactivity

Phobias

Suicidal thoughts

Mood swings

Panic attacks

Lack of empathy

Behavior

Impulsive

Compulsive

Oppositional

Tantrums/rages

Aggressive

Thrill seeking

Self-injury

Addiction

Eating disorders

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

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			

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

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

Alpha-Theta
Unprocessed trauma

Synchrony
Quiet mind and body, resilience