

CHECKLIST

TO TRACK YOUR PROGRESS*

It's recommended to have each person training to fill this form out before starting and after a set of 8-10 sessions. Rate from 1 - 10.



NEUROFEEDBACK
TRAINING CO.

Name: **Check:** Pre On-going Post

Date:
format mm/dd/yy

Number of Neurofeedback Sessions
(Leave blank if this is your first session)

***NeuroOptimal® is a training, not a treatment. Consequently, NeuroOptimal® does not require diagnosis or treatment planning. You should be under the care of a physician for any medical disorder.**

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

Nose or sinuses blocked
Frequent colds

Can't fall asleep
Wake up at night/can't fall back to sleep
Stay awake for ____ minutes in middle of night
Wake up too early
Feel tired when wake up
Nightmares
Snoring
Wake up and immediately start worrying

Shortness of breath/ shallow breathing
Holding your breath
Dizziness

Gut Issues
Sensitive digestion
Upset stomach
Bloating
Can't go to bathroom

Women: moody related to cycle
Women: Hot flashes
Waking up at night hot
Low interest in sex
Over interest in sex

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

Headaches when under stress
Migraines
Seizures
Can't remember what you just did
Concerned about my memory
Blocked on words
Body or vocal tics



- Difficulty paying attention
- Difficulty concentrating
- Easily distracted when trying to focus
- Difficulty organizing and/or schedule
- Difficulty prioritizing tasks
- Losing train of thought
- Can't sit still
- Make a lot of mistakes
- 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
- drink alcohol
- Smoke marijuana
- Smoke cigarettes
- Binge eat
- Eat sweets Carbohydrates
- Don't eat enough
- Drink Caffineated drinks
- Overspend
- Feed habits are hard to control
- 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
- Want to hide
- Feel frozen in my life

Tell us why you decided to try NeurOptimal neurofeedback.

Include specific concerns you'd like to see changed.

Rate from 1-10.

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

Word of mouth

Internet search

Google Ad

Yahoo

Other

Facebook

Twitter

Yelp

From a friend

From a health professional (Referred by:

Check here if you consider buying a system. Current renters have the option to get a \$100 refund off if renting and then buying a system from us.

(Referred by: