BiofeedbackWORKS in Virginia PLLC

EEG Screening Client Intake Form

Client's Name:____ QEEG #____________________

Date of Birth:___________________ Gender:__________ Handedness:_________ Years of Education:______________

Date of Recording:______________ Time of Recording:_____________ EO☐ EC☐ Task(Specify):_______________

Referred for:__________________________ Brain or Head Abnormality(specify):_____________________________

Marital Status:________________ Employed (specified):___________________ Veteran:_________________________

Vision:_____________ Accident:_________________________ Sleep Disorder:________________________________

Activities, Interests (specify):____

Medical Background Information

Overweight☐ Hypertension☐ Diabetes☐ TBI☐ Migraine☐ Thyroid☐ Stroke☐ Pain☐ Tremor☐

Parkinson☐ Kidney☐ Liver☐ Lung☐ Heart☐ Weakness☐ Paralysis☐ Cerebral Palsy☐

Prosthesis:	*Other Medical Information*

Psychological Condition

ADD☐ ADHD☐ ADD/ADHD(mixed)☐ Anxiety☐ ASD☐ Autism☐ Bipolar☐ Dementia☐ Depression☐

Eating Disorder☐ Insomnia☐ Learning Disability☐ OCD☐ Panic☐ PDD☐ Schizophrenia☐ Seizure☐

Other Psychological Information:

Current Mood Information

Anxious☐ Apprehensive☐ Cheerful☐ Depressed☐ Elevated☐ Euphoric☐ Fearful☐ Optimistic☐

Panic☐ Pessimistic☐ Tearful☐ Tense☐ Worried☐

Diet Information

Alcohol > 10 drinks a week☐ Caffeine > 2 Cups a day☐ Tobacco☐

Other Dietary Information:

Behavior Information

Exercises Regularly☐ Violent (offense)☐ Violent (victim)☐ Trauma(victim)☐	*Speech(specify):*	*Other Behavioral Information:*

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Medications (as many as apply)	***Supplements (as many as apply)***
Medications (specify) and Dosage:	*Supplements (specify) and Dosage:*

Assessment Available
Beck Depression☐ Conners☐ DSM Checklist☐ IVA☐ MMSE☐ TOVA☐ WAIS☐ WISC☐
Other (specify):

Neurofeedback Information
Therapy Used:

Other Data (enter finding)	
Angio: CT: EEG:	Lumbar: MRI: Neuro Exam: X-Ray:
Other:	

Narrative Information
Narrative (option, describe relevant behavior, mood, comments, thought process, memory comprehension):