Checklist of changes noticed
since your last Neurofeedback session

Date/Day of your last NF session_____

Client Name _____Name of person completing this form_____

Today's date:_____

Please indicate, to the best of your ability, any **change** you have noticed since your last session within the **FIRST 24 HOURS**. Place an **X , Y or O** next to how you're feeling during these first 24 hours. The success of your treatment depends on how well you communicate with us, and any increased difficulty or improvement that you have noticed. In the first 15 sessions I will need this form completed in order to work with you or your child for the next session

Put an X if feels worse, Y if feels better, O if there is no change

___ spacey
___ irritable
___ upset stomach
___ emotional explosions
___ sleep
___ lethargic
___ cries easily
___ losing things / forgetful
___ poor listening skills
___ experience nightmares

___ agitated
___ impulsive
___ aggressive behavior
___ difficulty going to sleep
___ appetite
___ restless / fidgety
___ experience headaches
___ distracted
___ dangerous / risky actions
___ quiet

___Emotionally calm
___ anxiety / panic
___ Decreased anger
___ More eye-contact
___ Decreased impulsivity
___ Falls asleep easier
___fearful
___ compliant
___ Accepts responsibility / fault

___ Happier
___ Irritable
___ talkative
___ sound sleep
___ dreams
___ attentive
___ reaction time
___ More energetic
___ _____other

Please continue on next page…

Please list any additional symptoms, behaviors, or comments that may impact this session.

_____

_____

_____

_____

Have you had any changes in medication since your last visit?

YES _____ NO _____ please give details_____

Have you had any major changes in supplements or herbs since your last visit?

YES _____ NO _____ please give details _____

Have there been any major changes in your environment since the last visit?
(This could be changes such as moving or remodeling your house, which affects your physical environment. It could be personal changes, such as friendships, family, or school.)

YES _____ NO _____

If yes, please explain.

_____

_____

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_____