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ADULT FORMS

FOR NEUROFEEDBACK CLIENTS:

Please fill out the attached forms. The more we know about your symptoms and history, the better we can choose neurofeedback protocols. It helps to know of any past abuse and drug use, but if any questions make you feel uncomfortable, leave them blank.

Please return these forms to our office 4 days prior to your first neurofeedback appointment.

The first appointment will last an hour. We will set up your next 20 appointments, which will be twice weekly. Somewhere between 20 and 30 sessions, we move to weekly sessions for a few weeks, then to every other week, and then to monthly for a total of 30-40 sessions.

FOR COUNSELING CLIENTS:

Please fill out the attached forms and bring them to your first session.

CROSSROADS COUNSELING AND NEUROFEEDBACK

NEUROFEEDBACK ASSESSMENT QUESTIONNAIRE

Date of Assessment: ____ / ____ / ____

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone--

Home: _____ Work: _____ Cell: _____

Legal Guardian: _____

School: _____ Grade: _____

Occupation: _____ How Long: _____

Email: _____ Do you check it regularly: Yes No

Sex: M F

Handedness: R L Mixed

Blood Pressure ____ / ____

Presenting Problem (s):

(It is important to know whether you have any of these symptoms presently, or have ever had them)

ATTENTION SYMPTOMS (Please Check all that apply)

	ADD (inattentive subtype)
	Inattention (internal)
	Daydreaming
	Poor Concentration
	Lack of Motivation
	Impulsivity
	Distractibility (external)
	Stimulus Seeking

	Thrill seeking
	Competing thoughts; too many thoughts
	ADHD (Attention Deficit/Hyperactivity Disorder)
	Hyperactivity after sugar
	Hyperactivity after sedatives
	Overwhelmed by stimuli
	Hard to make decisions (executive function)
	Disorganized

SLEEP SYMPTOMS

Night sweats
Frequent waking during night (without agitation)
Sleep lightly
Sleeping too much
Sleep apnea
Snoring
Not rested after sleep
Waking early
Difficulty falling asleep (mind quiet)
Difficulty falling asleep- mind busy
Hot flashes during sleep
Physically restless sleep
Nightmares (bad dreams)
Bruxism (teeth grinding)

Restless leg syndrome
Vivid dreams
Clenching jaw
Waking with agitation
“Fox hole” sleep
Night terrors—w/screaming, don't remember in morning
Nocturnal myoclonus (jerking, moving while sleeping)
Sleep walking
Sleep talking
Narcolepsy (falling asleep frequently and/or suddenly)
Too busy to sleep (manic)
Night sweats (hypoglycemic)
Enuresis (bed wetting)

How long does it take for you to fall asleep? _____

How many hours of sleep do you get a night? _____

What time do you tend to go to bed? _____

What time do you get up? _____

EMOTIONAL AND BEHAVIORAL SYMPTOMS

Anxiety (Worry)
Depression (Helpless & Hopeless)
Irritability
Feelings easily hurt
Perfectionist
Remorseful after tantrums

Cries easily (feelings hurt)
Guilt
Withdraws when stressed
Passive

Wishes was dead
Grumpy

Thinks little of self
Performance anxiety
Shy
Seasonal Affective Disorder
Fidgets
Whining

High pain threshold
Loud, unmodulated voice
Poor eye contact
Poor social awareness
Autistic symptoms
Motor or vocal tics
Road rage
Nail biting, nervous habits
Attachment disorder(history)

Anxiety (Fear)
Depression (Agitated)
Agitation
Mania
Paranoia
Suicidal thoughts or actions
Shame
Compulsive behavior
Obsessive thoughts
Involuntary movement or tics
Impatient
Aggressive-Initiates conflicts
Jealous/envious
Angry
Rumination
Hates self
Dissociative
Lacks empathy
Lacks cause and effect thinking
Manipulative, controlling
Hold a grudge
Poor comprehension and expression of emotions
Lack of body awareness, (pain, discomfort)

Binge Eating
Anorexia
Bulimia
Bipolar (Manic-depressive cycles)
Panic attacks
Encopresis (soiling)
IBS (Irritable Bowel Syndrome)
Dissociative Identity Disorder (Multiple Personality)
Borderline Personality Disorder
Post-Traumatic Stress Disorder (PTSD)
Rages

COGNITIVE SYMPTOMS

Dyslexia
Poor word fluency
Poor sequential processing
Poor sequential planning
Poor reading comprehension
Difficulty decoding words
Poor arithmetic calculation
Indecisive
Non-verbal learning disabilities
Poor visual-spatial skills

Poor sense of self in space
Poor drawing
Inability to write neatly(even slowly)
Poor fine motor skills
Poor math concepts
Poor spelling
Poor tracking during reading
Lack of prosody in speech (monotone speech)
Poor sense of direction
Don't know left and right

PAIN SYMPTOMS

Chronic pain with depression
Chronic aching pain
Tension headache
Low pain threshold
Fibromyalgia
RSD (Reflex Sympathetic Dystrophy)
Migraine
Jaw tension

Chronic burning pain
Chronic throbbing pain
Chronic stabbing pain
Chronic shooting pain
Sciatica pain
High pain threshold
Peripheral neuropathy pain
Emotional reactivity to pain

NEUROLOGICAL AND MOTOR SYMPTOMS

Left-brain partial seizures
Left-brain stroke
Left-brain TBI (traumatic brain injury)
Right body paralysis or paresis
Enuresis (urinary incontinence)

Generalized seizures
Absence (petit mal) seizures
Tonic-clonic (grand mal) seizures
TBI with brain stem injury
Vertigo
Tinnitus

Right-brain partial seizures
Right-brain stroke
Right-brain TBI
Left body paralysis or paresis
Spasticity
Tremor
Poor balance
Poor coordination
Involuntary regurgitation
Tics
Nervous habits/laugh
Reflux

SENSORY INTEGRATION

Do tags on shirts, seams on socks or certain textures of fabrics bother you?

Are you more sensitive to the environment than others?

Do you have an unusual sensitivity to light?

Or to certain smells?

Are you clumsy or accident-prone?

IMMUNE, ENDOCRINE & ANS SYMPTOMS

	Sugar craving (hypoglycemia)
	Immune deficiency
	Low thyroid function
	PMS - depressive symptoms
	Irritability
	Mood swings
	Insomnia
	Sugar craving
	Migraines
	Pain
	Cramps
	Post-partum depression
	Intolerant of alcohol, other sedative drugs

	Irregular menstrual periods
	PMS –
	Mania, rage, agitation
	Racing thoughts
	Menopausal hot flashes
	Skin allergies - eczema
	Heart palpitations
	Constipation
	Intolerant of coffee and other stimulants (agitation)

	Hypertension
	Hypotension
	Incontinence
	Severe PMS (mood swings, migraine)
	Chronic fatigue syndrome
	Irritable bowel syndrome
	Autoimmune disorders:
	Type I diabetes
	Lupus
	Rheumatoid Arthritis
	Crohn's disease
	Multiple Sclerosis
	Asthma
	Intolerant of coffee, alcohol and many medications
	Multiple chemical sensitivities

HISTORY

Prenatal, birth events, and/or injuries such as stress, injury, drug exposure, difficult labor, forceps delivery, breech birth, induced labor, pitocin, anesthesia, anoxia, premature/late delivery, or post-birth problems? Other? Please describe.

Problems with growth and development such as severe or recurrent illnesses or infections, allergies, emotional difficulties, behavioral problems, appetite/digestion, language/speech, coordination? Walking or talking early? Walking or talking late? History of ear infections? Please describe.

Physical trauma, injury, coma, accidents, high fever, serious illness, surgery, CNS infection, poisoning, anoxia, stroke, heart attack? Have you ever been to the Emergency Room? Please describe.

Recreational drug use? If so, when, what drugs and how did each effect you? Have you ever had a drug overdose?

Psychological stresses/life changes, especially during childhood such as a death, divorce, loss, move, school change, job change, illness? Did you experience emotional, physical or sexual abuse or neglect? Please describe.

Currently or recently on any medications, drugs, hormone replacements, allergy or asthma treatments, alternative therapies, nasal sprays? Other? Please list name, dosage and indication for use:

Surgeries, hospitalizations, or medical treatments? Was either general or local anesthesia used? Please describe.

Are you currently under treatment or supervision by a health provider? For what condition(s)? Who is your primary health provider?

Any psychological therapies (psychologist, social worker, family therapist)? Are you currently in psychotherapy? If so, with whom? Have you ever been given a psychiatric diagnosis?

Any educational therapies (tutors, special schools, resource teacher, vision therapy, etc.)? Please describe

Have you ever had any neurological or educational testing? Do you have copies of these tests or the results?

Sexual history. History of sexual abuse?

Family history. Have any close relatives experienced problems such as epilepsy, autism, Asperger's, alcoholism, mental illness, depression, suicide, incarceration or any of the other problems reviewed in this assessment? Please describe.

LIFESTYLE INVENTORY:

Do you drink alcohol?	If so, how often?	How much
Do you drink caffeine (soda, tea, coffee)?	If so, how much?	When in the day?
Do you smoke?	If so, how many cigarettes per day?	How long have you smoked?
Do you use supplements?	If so, for what?	
How many hours do you watch TV?	On weekdays	On weekends
Do you play computer games?	How many hours a week?	
Do you read for pleasure?		
Do you exercise?	What form(s)?	How many times a week?
What do you do to relax?		

ACI Anxiety and Depression Type Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse or parent) rate you as well. List other person _____

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/
Not Known

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Frequent feelings of nervousness or anxiety |
| _____ | _____ | 2. Panic attacks |
| _____ | _____ | 3. Avoid places for fear of having an anxiety attack |
| _____ | _____ | 4. Muscle tension (such as headaches or neck and shoulder tension) |
| _____ | _____ | 5. Heart pounding, nausea or dizziness (not exercise related) |
| _____ | _____ | 6. Predicts the worst in a situation |
| _____ | _____ | 7. Persistent fears or phobias (such as dying, doing something crazy) |
| _____ | _____ | 8. Tendency to avoid conflict |
| _____ | _____ | 9. Excessive fear of being judged or scrutinized by others |
| _____ | _____ | 10. Easily startled |
| _____ | _____ | 11. Tendency to freeze in anxiety provoking or intense situations |
| _____ | _____ | 12. Shy, timid, and easily embarrassed |
| _____ | _____ | 13. Bites fingernails or picks skin |
| _____ | _____ | 14. Persistent depressed, sad, or "blue" mood |
| _____ | _____ | 15. Loss of interest or pleasure from usually fun activities, including sex |
| _____ | _____ | 16. Excessive crying |
| _____ | _____ | 17. Feelings of guilt, worthlessness, helplessness, hopelessness, or pessimism |
| _____ | _____ | 18. Trouble going to sleep or waking up too early and being unable to go back to sleep |
| _____ | _____ | 19. Decreased appetite |
| _____ | _____ | 20. Decreased energy, fatigue, feeling "slowed down" |
| _____ | _____ | 21. Thoughts of death or suicide, or suicide attempts |
| _____ | _____ | 22. Difficulty concentrating, remembering, or making decisions |
| _____ | _____ | 23. Persistent physical symptoms, such as headaches, digestive disorders, or chronic pain |
| _____ | _____ | 24. Persistent negativity or chronic low self-esteem |
| _____ | _____ | 25. Chronic low self-esteem |
| _____ | _____ | 26. Persistent feeling of being dissatisfied or bored |
| _____ | _____ | 27. Excessive or senseless worrying |
| _____ | _____ | 28. Upset when things are out of place |
| _____ | _____ | 29. Upset when things don't go the way you planned |
| _____ | _____ | 30. Tendency to be oppositional or argumentative |
| _____ | _____ | 31. Tendency to have repetitive negative or anxious thoughts |
| _____ | _____ | 32. Tendency toward compulsive behaviors |
| _____ | _____ | 33. Dislike for change |
| _____ | _____ | 34. Tendency to hold grudges |
| _____ | _____ | 35. Difficulties seeing options in situations |
| _____ | _____ | 36. Tendency to hold on to own opinion and not listen to others |

- _____ 37. Needing to have things done a certain way or you become very upset
- _____ 38. Others complain that you worry too much
- _____ 39. Tend to say no without first thinking about question
- _____ 40. Rigid
- _____ 41. Short fuse or periods of extreme irritability
- _____ 42. Misinterprets comments as negative when they are not
- _____ 43. Periods of spaciness or confusion
- _____ 44. Periods of panic and/or fear for no specific reason
- _____ 45. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- _____ 46. Frequent periods of deja vu (feelings of being somewhere you have never been)
- _____ 47. Overly sensitive or mild paranoia
- _____ 48. Headaches or abdominal pain of uncertain origin
- _____ 49. History of a head injury
- _____ 50. Family history of violence or explosiveness
- _____ 51. Dark thoughts, may involve suicidal or homicidal thoughts
- _____ 52. Periods of forgetfulness or memory problems
- _____ 53. Reading problems
- _____ 54. Periods of abnormally elevated moods that cycle with normal or depressed moods
- _____ 55. Periods of decreased need for sleep and feel energetic despite less sleep than usual
- _____ 56. Periods of grandiose or high flying notions
- _____ 57. Periods of increased talking or pressured speech
- _____ 58. Periods of too many thoughts racing though the mind
- _____ 59. Periods of markedly increased energy
- _____ 60. Periods of poor judgment and risk-taking behavior, different than usual behavior
- _____ 61. Periods of inappropriate social behavior
- _____ 62. Periods of irritability or aggression
- _____ 63. Periods of delusional or psychotic thinking
- _____ 64. Periods of feeling or acting hypersexual
- _____ 65. Periods of feeling or acting very religious, different than how you usually feel
- _____ 66. Periods of spending excessive amounts of money
- _____ 67. Trouble staying focused
- _____ 68. Feeling spacey or in a fog
- _____ 69. Feeling overwhelmed by tasks of daily living
- _____ 70. Feeling tired, sluggish, or slow moving
- _____ 71. Procrastination, failure to finish things
- _____ 72. Chronic boredom
- _____ 73. Loses things
- _____ 74. Easily distracted
- _____ 75. Poor planning skills
- _____ 76. Difficulty expressing thoughts and feelings
- _____ 77. Difficulty expressing empathy for others
- _____ 78. Trouble collecting your thought
- _____ 79. Trouble with organization
- _____ 80. Excessive sleeping
- _____ 81. Increased appetite, binge eating
- _____ 82. Winter depressions, mood problems tend to occur in the fall and winter months and
recede in the spring and summer
- _____ 83. Snore loudly or others complain about your snoring
- _____ 84. Other say you stop breathing when you sleep
- _____ 85. Feel fatigued or tired during the day
- _____ 86. Feel cold when others feel fine or they are warm

- _____ 87. Problems with brittle, dry hair, or thinning hair
- _____ 88. Problems with dry skin
- _____ 89. Increase in weight even with low calorie diet
- _____ 90. Chronic problems with tiredness
- _____ 91. Require excessive amounts of sleep to function properly
- _____ 92. Difficult or infrequent bowel movements
- _____ 93. Morning headaches that wear off as the day progresses
- _____ 94. Lack of motivation or mental sluggishness
- _____ 95. Feel warm when others feel fine or they are cold
- _____ 96. Night sweats or problems sweating during the day
- _____ 97. Heart palpitations
- _____ 98. Bulging eyes
- _____ 99. Inward trembling
- _____ 100. Increased pulse rate even at rest
- _____ 101. Insomnia
- _____ 102. Difficulty gaining weight
- _____ 103. Crave sweets during the day
- _____ 104. Irritable if meals are missed
- _____ 105. Depend on coffee to keep you going/started
- _____ 106. Get lightheaded if meals are missed
- _____ 107. Eating relieves fatigue
- _____ 108. Feel shaky, jittery, tremors
- _____ 109. Agitated, easily upset, nervous
- _____ 110. Poor memory, forgetful
- _____ 111. Blurred vision
- _____ 112. Decreased sex drive
- _____ 113. Decreased muscle mass and strength
- _____ 114. Loss of body hair
- _____ 115. Abdominal fat (pot belly)
- _____ 116. Decreased bone mass that may lead to osteoporosis
- _____ 117. I am light sensitive and bothered by glare, sunlight, headlights or streetlights
- _____ 118. I become tired and/or experience headaches, mood changes, feel restless, or have an inability to stay focused with bright or fluorescent lights
- _____ 119. I have trouble reading words that are on white, glossy paper
- _____ 120. When reading, words or letters shift, shake, blur, move, run together, disappear, or become difficult to perceive
- _____ 121. I feel tense, tired, sleepy, or even get headaches with reading
- _____ 122. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving
- _____ 123. Night driving is hard for me
- _____ 124. Having trouble sustaining attention or being easily distracted
- _____ 125. Experiencing difficulty completing projects
- _____ 126. Feeling overwhelmed by the tasks of everyday living
- _____ 127. Having trouble maintaining an organized work or living area
- _____ 128. Being inconsistent in work performance
- _____ 129. Lacking in attention to detail
- _____ 130. Making decisions impulsively
- _____ 131. Having difficulty delaying what you want, having to have your needs met immediately
- _____ 132. Feeling restless and/or fidgety
- _____ 133. Making comments to others without considering their impact
- _____ 134. Being impatient and/or easily frustrated
- _____ 135. Experiencing frequent traffic violations or near accidents