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CHILD/TEEN NEUROFEEDBACK FORMS

Please fill out the attached forms. The more we know about your child's symptoms, the better we can choose neurofeedback protocols.

You will find two forms attached:

1. Intake Questionnaire, can be filled out by either parent
2. Hill Inventory to be filled out by a parent

The first appointment will last an hour. We will set up your first 20 appointments (twice weekly). Somewhere between 20 & 30 sessions, we move to weekly sessions for a few weeks, then to every other week, then to monthly for a **total of 30-40 sessions** for most children/teens.

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

Note: Please download "Teacher" form and have one or two teachers fill out.

CROSSROADS COUNSELING AND NEUROFEEDBACK NEUROFEEDBACK ASSESSMENT QUESTIONNAIRE

Date of Assessment: _____ / ____ / ____

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

Street Address: _____

City: _____ State: _____ Zip: _____

Phone--
Home: _____ Work: _____ Cell: _____

Your child's name: _____

School: _____ Grade: _____
Age: _____

Sex: M F

Handedness: R L Mixed

Blood Pressure _____ / _____

Presenting Problem (s):

(It is important to know whether your child/teen has any of these symptoms presently, or has ever had them)

ATTENTION SYMPTOMS (Please Check all that apply)

<input type="checkbox"/>	ADD (inattentive subtype)
<input type="checkbox"/>	Inattention (internal)
<input type="checkbox"/>	Daydreaming
<input type="checkbox"/>	Poor Concentration
<input type="checkbox"/>	Lack of Motivation
<input type="checkbox"/>	Impulsivity
<input type="checkbox"/>	Distractibility (external)
<input type="checkbox"/>	Stimulus Seeking

<input type="checkbox"/>	Thrill seeking
<input type="checkbox"/>	Competing thoughts; too many thoughts
<input type="checkbox"/>	ADHD (Attention Deficit/Hyperactivity Disorder)
<input type="checkbox"/>	Hyperactivity after sugar
<input type="checkbox"/>	Hyperactivity after sedatives
<input type="checkbox"/>	Overwhelmed by stimuli
<input type="checkbox"/>	Hard to make decisions (executive function)
<input type="checkbox"/>	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
	Physically restless sleep
	Nightmares (bad dreams)
	Bruxism (teeth grinding)

	Restless leg syndrome
	Vivid dreams
	Clenching jaw
	Waking with agitation
	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 your child to fall asleep? _____

How many hours of sleep a night? _____

What time does he/she tend to go to bed? _____

What time does he/she 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 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 TBI
	Left body paralysis
	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 your child/teen?

Is he/she more sensitive to the environment than others?

Does your child have an unusual sensitivity to light?

Or to certain smells?

Is he/she 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
	Intolerant of alcohol, other sedative drugs

	Irregular menstrual periods
	PMS –
	Mania, rage, agitation
	Racing thoughts
	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? Has your child ever been to the Emergency Room? Please describe.

Recreational drug use? If so, when, what drugs and how did each effect you?

Psychological stresses/life changes, especially during childhood such as a death, divorce, loss, move, school change, job change, illness? Has your child experienced 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.

Any psychological therapies (psychologist, social worker, family therapist)? Is your child/teen currently in psychotherapy? If so, with whom? Has he/she ever been given a psychiatric diagnosis?

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

Any neurological or educational testing? Do you have copies of these tests or the results?

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:

Does your teen drink alcohol?	If so, how often?	How much?
Does your child drink caffeine (soda, tea, coffee)?	If so, how much?	When in the day?
Does your teen smoke?	If so, how many cigarettes per day?	How long have you smoked?
How many hours does he/she watch TV?	On weekdays	On weekends
Does he/she play computer games?	How many hours a week?	
Read for pleasure?		
Exercise?	What form(s)?	How many times a week?
What does your child do to relax?		



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Hill Checklist for Attention Deficit and Related Disorders

Child/Adolescent Version

Developed by Robert W. Hill, Ph.D. to be used in conjunction with Neurotherapy

Name of Patient: _____

Age of Patient: _____

Form Completed by: _____

Relationship to Patient: _____

Date: _____

Instructions

1. We ask that you complete two Hill inventories, one by a parent and by for a teacher.
2. Place a check by each category that applies under its related severity.
3. Be as honest as possible in your responses as these will assist us to better evaluate your child.

I - Attention Deficit	Not Present 0	Very Mild 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
Does not seem to listen when spoken to						
Makes careless errors in schoolwork						
Avoids or dislikes tasks requiring sustained attention						
Short attention span						
Disorganized						
Loses things						
Trouble keeping up with personal property						
Easily distracted						
Forgetful in daily activity						
Difficulty completing tasks						
Gets bored easily						
Stares into space/daydreaming						
Low energy, sluggish or drowsy						
Apathetic or unmotivated						
Frequently switches from one activity to another						
Trouble concentrating						
Falls asleep doing work						
Failure to hand in work						
Trouble doing homework						
Trouble following directions						
Excited in the beginning but doesn't finish						
Difficulty learning						
II - Hyperactivity						
Fidgets with hands and feet						
Squirms in seat						
Frequently leaves seat inappropriately						
Runs, climbs or moves excessively						
Difficulty working or playing quietly						
On the go						
Driven						
Talks excessively						
Can't sustain eye contact						
Needs a lot of supervision						
Pays attention to everything						
Frequently "rocks"						
Excitability						
Lacks patience						
In trouble frequently						
Restless						
III - Impulsivity						
Cannot see consequences of behavior						
Blurts out answers or comments						
Difficulty waiting turn						
Frequently interrupts						
Butts into others conversation						
Engages in physically dangerous activity						
Acts before thinking						
Frequently takes risks						
Takes all dares						
Frustrated easily						

IV - Immaturity	Not Present 0	Very Mild 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
Delayed physical development						
Prefers to play with younger children						
Plays with toys below age level						
Behavior resembles younger children						
Immature responses to situations						
Talks "baby talk"						
Whining and clinging like younger person						
Inappropriately messy						
Difficulty understanding age appropriate directions						
V – Oppositional Behavioral						
Oppositional and disrespectful toward authority						
Often loses temper						
Argumentative						
Often defies rules						
Frequently refuses adult request						
Deliberately does things that annoy others						
Blames others for his mistakes or behavior						
Touchy or easily annoyed by others						
Angry and resentful						
Spiteful or vindictive						
Swears or uses obscene language						
Shows excessive stubbornness						
Lies frequently						
Must have his own way						
Plays tricks on or teases others						
Doesn't keep promises						
Resists being disciplined						
Cannot take teasing						
Refuses to take suggestions						
Has an "I don't care" attitude						
Runs away from home						
Often truant from school						
Stays out all night against parent rules						
VI – Anxiety						
Panic attack type symptoms						
Frequently nervous						
Often upset						
Is fearful of many things						
Fearful of being alone						
Fearful of a specific object						
Jumpy, hypervigilance						
Timid						
Worries Excessively						
Persistent thoughts						
Repetitive behaviors (hand washing, counting)						
Exaggerated startled response						
Shaking, trembling						
Tearful						
Fear of death or dying						
Tense muscles						
Always on edge						

VII – Aggressive/Sadistic Behavior	Not Present 0	Very Mild 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
Bullies, threatens or intimidates others						
Often initiates fights						
Has used a weapon that could harm others						
Has been physically cruel to others						
Has been physically cruel to animals						
Has stolen while confronting victim						
Has forced someone into sexual activity						
Deliberate fire setting						
Broken into the property of others						
Lies to obtain goods or favors						
Stolen without confronting victim						
Does not respect anyone						
Bosses others around						
Makes derogatory remarks about others						
Seems to enjoy being in trouble “a hero”						
Delights in failure of others						
Pushes or shoves others						
Cheats at games						
Preoccupied with death, guns, killing						
VIII – Depression						
Seems sad, does not smile very much						
Seems unusually quiet						
Poor sense of humor						
Grouchy, irritable						
Sullen						
Looks flat						
Withdrawal from family/activities						
Tearful						
Frequently seems lonely						
Moodiness, unpredictable mood swings						
A loner, with drawn						
Depressed						
No interest						
Problems with sleep						
Thinks about death or dying						
Suicidal						
IX – Low Self Esteem						
Doesn't trust themselves						
Frequently put themselves down						
Refuses to try new things						
Poor performance even when they have the ability						
Always takes a back-seat position						
Timid and reserved						
Often shy around others						
Trouble answering questions in front of others						
Sees the worst in self						
Hangs around with less capable friends						
Easily embarrassed						
Seems satisfied with poor school performance						
Does not compete with others						
Gives up easily						
Shows not self confidence						

X – Tic Disorders Motor Tics (sudden jerky type motions)	Not Present 0	Very Mild 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
Facial tic: eye blinking, eye rolls, squinting, grimacing, lip licking, biting tongue, grinding teeth						
Head and Neck: hair out of the eyes, neck jerking, tossing head around, shoulder shrugging						
Arms and hands: Flailing arms, extending arms, biting nails, finger signs, flexing fingers, picking skin, popping knuckles						
Diaphragm: unusual inhale, exhale, gasping for breath						
Legs: kicking, hopping, skipping, jumping, bending, stooping, stepping backward						
Feet: tapping, shaking, toe curling, tripping, turning feet						
Others: blowing, smelling, twirling hair, jerking, kissing, hitting self, chewing, scratching, shivering, pulling						
Vocal Tics						
Throat clearing, coughing						
Grunting, snorting, animal noises						
Yelling, screaming						
Sniffing, burping						
Barking, honking						
Motor or jet noise						
Spitting						
Squeaking, “huh”						
Humming						
Stuttering						
Deep breath, sucking in breath						
Repetitive cursing, “fu”, “sh”						
XI – Developmental & Learning Disorder(s)						
Mental retardation						
Reading disorder						
Mathematics disorder						
Disorder of written expression						
Developmental coordination disorder						
Expressive language disorder						
Mixed receptive/expressive language disorder						
Phonological disorder (articulation)						
Stuttering						
Autistic disorder						
Retts disorder						
Childhood disintegrative disorder						
Aspergers disorder						
XII – Sleep						
Difficulty going to bed						
Difficulty going to sleep						
Wakes up frequently						
Early awakening						
Restless sleep						
Talking in sleep						
Walking in sleep						
Wakes up in terror						
Restless legs						
Bed wetting or soiling						
Nightmares						