

# Austin Biofeedback and EEG Neurofeedback Center

*Your partners in optimal performance for life!*

## Initial Intake Form

\*This form is to be filled out prior to the first session

Name:

Date:

Date of birth:

Who may we thank for your referral:

Please tell us what brings you to The Austin Biofeedback and EEG Neurofeedback Clinic:

Please list any medications and supplements/vitamins that you are currently taking:

Please list anything notable in your medical history, including closed head injury/trauma and illness:

Please list any previous and current treatments/therapies:

On the chart below, please place a mark next to any of the following symptoms or behaviors that you have experienced in the last two weeks:

<b>Anxious, uneasy, worried</b>		<b>Racing thoughts, too many thoughts</b>	
<b>Inattentive, daydreaming, distracted</b>		<b>Agitated, upset, disturbed</b>	
<b>Depressed, hopeless, sad</b>		<b>Hyperactive, excessive movement</b>	
<b>Difficulty grasping new information</b>		<b>Difficulty falling asleep</b>	
<b>Forgetful, difficulty remembering</b>		<b>Impulsive, acts without thinking</b>	
<b>Spacey, foggy, not "tuned in"</b>		<b>Physical tensions in body, taut, tense</b>	
<b>Disrupted sleep, wakes often</b>		<b>Pressure in chest, discomfort in chest</b>	
<b>Cries easily, weepy, prone to tears</b>		<b>Aggressive, hostile, overly assertive</b>	
<b>Feelings easily hurt, overly sensitive</b>		<b>Tension headaches</b>	
<b>Low self-esteem, lacking self-confidence</b>		<b>Crawling sensation on skin, leg twitches</b>	
<b>Lack of motivation, gives up easily</b>		<b>Sensitivity to touch (hands, feet, face)</b>	
<b>Confused, mixed up thinking</b>		<b>Unpleasant physical sensations, pain</b>	
<b>Nauseous, queasy or upset stomach</b>		<b>Hyper focused, "locked in" on one thing</b>	
<b>Unable to plan, organize, or manage time</b>		<b>Explosive rage/anger, lashing out</b>	
<b>Lethargic, drowsy, slow moving</b>		<b>Tics (eye, mouth, other), spasms</b>	
<b>Migraine headaches</b>		<b>Teeth grinding, jaw clenching</b>	

*Thank you for taking the time to fill out this important information about your history and goals. We will ask you for more details as needed in order to customize a treatment plan to your specific goals, and this gives us a good preliminary "snapshot" of who you are and what you would like to achieve in your work with us. We look forward to meeting you!*