

# CHECKLIST OF CLIENT CONCERNS



NAME:

DATE:

## NEUROFEEDBACK TRAINING CO.

NUMBER OF SESSIONS DONE:

PRE

ONGOING

POST

CLINICS & RENTALS | NY LA CO

Below is a list of problems that clients frequently describe to us. Please check off any that match your current concerns. If you are not sure whether to endorse an item, use the past week as a guide. Feel free to add any comments as necessary. Thank you.

### Immune System

1. Allergies
2. Asthma
3. Frequent colds, infections
4. Yeast infections
5. Fatigue

### Sleep

6. Difficulty falling asleep
7. Wakeful or restless during night
8. Waking up early
9. Difficulty waking up
10. Nightmares or night terrors
11. Snoring
12. Sleep walking

### Skin/Hair/Nails

13. Problems with skin
14. Hair
15. Nails

### Eyes

16. Double or blurred vision
17. Blind spots
18. Spots in your vision

### Ear/Nose/Throat

19. Hearing loss
20. Ringing in ears
21. Earaches
22. Sense of smell changed or lost
23. Nose or sinuses blocked
24. Grinding your teeth
25. Sense of taste changed or lost

### Heart/Lungs

26. Coughiness or sore throat
27. Problems breathing
28. Heart problems
29. Hypertension
30. Palpitations
31. Dizziness

### Intestines

32. Nausea or vomiting
33. Gastric pain
34. Gas or bloating
35. Irritable bowel
36. Diarrhea
37. Constipation

### Hormonal/Blood

38. Appetite problems (e.g. wanting to eat when not hungry, etc)
39. Diabetes
40. Desire for sweets or carbohydrates
41. Sensitivity to heat or cold
42. Thyroid problems
43. PMS symptoms
44. Hot flashes
45. Other menopausal symptoms
46. Low interest in sex

### Bones/Joints/Muscles

47. Pain or stiffness in joints or muscles
48. Pain or stiffness in joints or muscles
49. Sore trigger points
50. Fibromyalgia
51. Bodily fatigue

### Nervous System

52. Headaches or migraines
53. Fainting
54. Seizures
55. Memory loss
56. Blocking on words
57. Reading problems
58. Difficulty speaking
59. Tremor (shaking)
60. Weakness
61. Hyperactivity
62. Problems with balance

### Attention and Organization

63. Difficulty focusing
64. Difficulty focusing
65. Easily distracted
66. Make mistakes \_\_\_\_\_

67. Difficulty organizing activities

68. Not completing tasks
69. Lose train of thought

### School/Learning

70. Difficulty completing schoolwork
71. Getting into trouble at school
72. Inverting letters/numbers
73. Spatial problems (e.g. difficulty building things, understanding how things should be put together)

### Bowel/Bladder

74. Difficulty holding your urine
75. Difficulty controlling your bowels
76. Difficulty holding your urine
77. Difficulty controlling your bowels
78. Frequent bladder infections

### Habits

79. Sometimes drink too much
80. Smoke cigarettes
81. Concerns about your diet

### Desire for Caffeine

82. Desire caffeine

### Use of Marijuana

83. Use marijuana

### Behavior/Emotions

84. Mood swings
85. Mood swings
86. Feeling down, depressed or flat
87. Feeling sad
88. Feeling anxious
89. Panic attacks
90. Worry
91. Thoughts that won't leave your mind
92. Need to repeat actions or words over and over.
93. Bingeing
94. Restricting your food intake
95. Making yourself vomit
96. Phobias- avoiding things
97. Feeling others are against you
98. Behaviors that get you into trouble, or are not good for you
99. Feeling angry a lot
100. Impulsive
101. Feeling overwhelmed