Flatland
CENTER FOR BRAIN LLC

INTAKE AND ASSESSMENT

Name: _____

DOB: _____

Date: _____

Presenting Complaint:

_____
_____
_____

ATTENTION SYMPTOMS

• ADD (inattentive subtype) • Inattention • Daydreaming • Poor concentration • Lack of motivation	• ADHD (attention deficit/ hyperactivity disorder) • Hyperactivity after sugar • Hyperactivity after sedatives • Overwhelmed by stimuli • Hard to make decisions (executive function) • Disorganized	• Impulsivity • Distractibility • Stimulus seeking • Thrill seeking • Competing thoughts; too many thoughts

Assessment notes (practitioner):

_____
_____
_____

SLEEP SYMPTOMS

• Night sweats • Frequent waking during night (without agitation) • Sleeping lightly • Sleeping too much • Sleep apnea • Snoring • Not rested after sleep • Waking early • Difficulty falling asleep (mind quiet)	• Night terrors • Nocturnal myoclonus (jerking or moving while asleep) • Sleepwalking • Sleep talking • Narcolepsy (falling asleep frequently or suddenly) • Too busy to sleep (manic quality) • Night sweats • Bed-wetting (enuresis) • Sleep paralysis when awakening; still dreaming when awake	• 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 • Vigilant sleep

Do you nap? Yes No Sometimes
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? ____
Do you dream in color? Yes No Sometimes

Assessment notes (practitioner):

_____

_____

EMOTIONAL AND BEHAVIORAL SYMPTOMS

- Anxiety (worry)
- Depression (blue, low, helpless and hopeless)
- Irritability
- Feelings easily hurt
- Perfectionist
- Remorseful after tantrums
- Cries easily (feelings hurt)
- Rumination
- Guilt
- Withdraws when stressed
- Passive
- Wishes was dead
- Grumpy
- Thinks little of self
- Performance anxiety
- Shy
- Seasonal affective disorder
- Fidgets
- Whining
- Tired, listless
- Obsessive thoughts

- Binge eating
- Anorexia
- Bulimia
- Panic attacks
- Encopresis (soiling)
- Irritable bowel syndrome (IBS)
- Bipolar disorder
- Dissociative identity disorder (DID)
- Borderline personality disorder (BPD)
- Posttraumatic stress disorder (PTSD)
- Developmental trauma
- Rages
- Antisocial personality disorder (APD)

- Anxiety (fear)
- Depression (agitated)
- Agitation
- Mania
- Paranoia
- Suicide thoughts or actions
- Shame
- Compulsive behavior
- Involuntary movements or tics
- Impatient
- Aggressive; initiates conflict
- Jealous/envious
- Angry
- Lacks remorse
- Hates self
- Dissociative
- Exhausted
- Lacks empathy
- Lacks cause-and-effect thinking
- Manipulative, controlling
- Holds a grudge
- Poor comprehension and expression of emotions
- Lacks body awareness (pain, discomfort, appetite)
- High pain threshold
- Loud, unmodulated voice
- Poor eye contact
- Poor social awareness

		• Autistic symptoms • Humorless • Road rage • Hair pulling or twirling • Nail biting, nervous habits • Attachment disorder (history) • Developmental trauma

How fast do you drive? _____

Assessment notes (practitioner):

_____

_____

_____

_____

_____

_____

COGNITIVE SYMPTOMS

• Dyslexia • Indecisiveness • Poor word fluency • Poor sequential processing • Poor sequential planning • Poor reading comprehension • Difficulty decoding words • Poor arithmetic calculation		• Nonverbal learning disabilities • Poor spelling • Poor visual–spatial skills • Poor sense of self in space • Poor tracking during reading • Lack of prosody in speech (monotone) • Poor drawing • Loud voice • Inability to write neatly (even slowly • Poor fine motor skills • Poor sense of direction • Poor math concepts • Left and right are not automatic

Assessment notes (practitioner):

PAIN SYMPTOMS

• Chronic pain with depression • Chronic aching pain • Tension headache • Low pain threshold	• Fibromyalgia • Reflex sympathetic dystrophy (RSD) • Trigeminal neuralgia • Migraine • Headaches • Jaw tension • Motion sickness	• Chronic burning pain • Chronic throbbing pain • Chronic stabbing pain • Chronic shooting pain • Sciatic pain • High pain threshold • Peripheral neuropathy pain • Emotional reactivity to pain • Reflux

IMMUNE, ENDOCRINE, AND ANS SYMPTOMS

• Sugar craving • Immune deficiency • Low thyroid function • PMS, depressive symptoms: —Irritability —Insomnia —Sugar craving —Cramps —Pain • Postpartum depression • Insomnia • Intolerant of alcohol, other sedative drugs	• Hypertension • Hypotension • Incontinence • Severe PMS (mood swings, migraines) • Chronic fatigue syndrome (CFS) • Irritable bowel syndrome (IBS) Autoimmune disorders: —Type I diabetes —Lupus —Rheumatoid arthritis —Crohn's disease —Multiple sclerosis • Intolerant of coffee, alcohol, and many medications • Multiple chemical sensitivities • Asthma	• Irregular menstrual periods • Racing thoughts • Mania, rage • PMS—high arousal: —Agitation —Mania —Rages —Racing thoughts • Menopausal hot flashes • Skin allergies, eczema • Heart palpitations • Pounding, racing heart • Constipation • Intolerant of coffee and other stimulants

Assessment notes (practitioner):

NEUROLOGICAL AND MOTOR SYMPTOMS

• Left-brain 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 • Temporal lobe epilepsy • TBI with brainstem injury • Vertigo • Tinnitus • Motion sickness • Tics	• Right-brain partial seizures • Right-brain stroke • Right-brain TBI • Left body paralysis or paresis • Spasticity • Tremor • Poor balance • Poor coordination • Involuntary regurgitation • Nervous habits/laugh • Reflux • Hiccups

Assessment notes (practitioner):

PERSONAL HISTORY

Prenatal, birth events, and/or injuries such as maternal stress, accident, drug exposure, difficult labor, forceps delivery, breech birth, induced labor, Pitocin, anesthesia, anoxia, premature/late delivery, or postbirth 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, head injury, TBI, coma, accidents, high fever, serious illness, surgery, CNS infection, poisoning, anoxia, stroke, heart attack? Ever broken your nose? Have you ever been to the emergency room? Please describe.

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

Sensitivity to light such as discomfort with fluorescent lights, glare, or computer screens? Do things seem too loud? Bothered by tags or seams? Any sensory or auditory processing problems? Please describe.

Psychological stresses/life changes during childhood, such as a death, parent's divorce, losses, moves, or school changes—or in adulthood, such as, job change or loss, loss of love one, illness, or financial stress? Did you experience emotional or physical abuse or neglect? Did you witness acts of violence? Please describe.

Sexual history. History of sexual abuse? History of sexual dysfunction? Do you have concerns about libido?

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.

MEDICAL and THERAPY HISTORY

Are you currently or recently on any medications, drugs, hormone replacement, allergy or asthma treatments, alternative therapies, nasal sprays, or any regular use of OTC medications? Please list name, dosage, and indication for use:

Any 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?

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

Have you had any educational therapies (tutors, special schools, resource teacher, vision or speech therapy, occupational therapy, etc.)? Please describe.

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

LIFESTYLE INVENTORY

Do you drink alcohol? If so, how often? How much? How does it affect you?

Do you drink caffeine (soda, tea, coffee, energy drinks)? How much? When in the day? How does it affect you?

Do you smoke? If so, how many cigarettes per day? How long have you smoked?

Do you like sweets/sugar? If yes, what is your daily sugar intake? How does it affect you?

Do you eat chocolate? How much and how often? How does it affect you?

Do you crave salt?

What foods do you favor?

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?

What do you do to relax?

(Practitioner only)

Summarize findings (include CPT, qEEG, mini Q, or other psychometric findings)

Initial indications for left hemisphere training:

Initial indications for placement:

Initial indications for frequency:

Initial indications for right hemisphere training:

Initial indications for placement: