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****CONFIDENTIAL****

QUANTITATIVE EEG INTAKE QUESTIONS

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Age: ____ **DOB:** ____ **Gender:** ____ **Handedness (R, L, A):** ____ **Exam Date:** ____ **Exam Time:** ____

SYMPTOMOLOGY/PRESENTING PROBLEMS: **MEDICATIONS:**

1.	1.
2.	2.
3.	3.
4.	4.

DOES PATIENT CURRENTLY SUFFER FROM OR HAVE A HISTORY OF:

1. Birth Complications (forceps, fetal distress, premature or prolonged labor; alcohol/drugs): Explain:
2. High Fevers/Chronic Ear Infections or Ear Tubes?
3. Did Patient Meet Developmental Milestones on Time? ___Slow Motor: ___ Slow Speech; ___Developmental Delay; ___Sensory Integration Difficulties; ___Tics/Twitches; ___Incoordination
4. Any Physical, Emotional, Verbal, or Sexual abuse or Trauma?
5. Ever Repeat a Grade? Why?
6. Head Injury or Concussion? Please Explain:
7. Neurological Disease/Convulsions/Seizures? Explain:
8. Previous EEG? Explain:
9. Drug and/or Alcohol Abuse or other Addictions? Family History of Drug/Alcohol/Addictions? Explain:

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10 Memory Difficulties? Explain:
11. Confusion? Explain:
12. Depression? Family History of Depression? Explain:
13. Problem Falling/Staying Asleep or remembering Dreams? Explain:
14. Apnea or Daytime Drowsiness? Explain:
15. Ever Experienced Hallucinations, Delusions, Thoughts Others Considered Bizarre? Explain:
16. How Often Do Headaches or Migraines Occur?
17. Been Involved in counseling in the Past? Explain:
18. Ever Been Arrested? Explain:
19. Caffeine Usage? Explain:
20. Nicotine Usage? Explain:
21. How often Does Patient Meditate?
22. Ever Exposed to Toxic Agents (heavy metals, pesticides, carbon monoxide, solvents, etc.)? Explain:

Medical History: ___Stroke; ___Heart problems/Hypertension; ___Pulmonary; Endocrine; ___GI; ___Vascular; Metabolic Disorders (diabetes, etc.); ___Chemical Sensitivities; ___Chronic Pain; ___Polio; ___Thyroid; ___Allergies; ___Viral Illnesses; ___Bacterial Illnesses

Other Notes and/or Comments: