Hudson Valley Neurofeedback

Dr. Peter A. Holst

Name: _____ DOB: _____ ☐ Male ☐ Female

Address: _____ City/St/Zip _____

Best Phone: _____ email: _____

Family/Vocational Information:

Family Dynamics (Check all that apply) ☐ Birth Family ☐ Adoptive Family ☐ Foster Family

List all siblings, including self, from oldest to youngest with ages (e.g. Brother 38, Self, 35, Sister 32):

_____

_____

Is there a history of (check all that apply): ☐ Neglect ☐ Abuse ☐ Other Trauma ☐ None

Briefly Describe: _____

Highest Education Level: _____ Occupation: _____

Physical Information:

Are you: ☐ Right Handed ☐ Left Handed ☐ Some of Each

Is there a history of seizures? ☐ Grand mal ☐ Petit mal ☐ None

Describe age at onset, frequency, cause if known: _____

_____

_____

Have you suffered from head injuries resulting in unconsciousness? ☐ Yes ☐ No

Describe age, location, Severity: _____

_____

Do you use: Alcohol ☐ Yes ☐ No Recreational Drugs ☐ Yes ☐ No

How often? _____ How often? _____

List psychoactive medications taken, past and present: _____

_____

450 East Main Street • Middletown, NY 10940
O: (845) 344-0444 • C: (845) 820-1265 • F: (845) 344-0456
drpeter@hvneurofeedback.com

What are your training objectives?

Select 5 training objectives from the following list. Either check them or rank their importance 1-5.

- ☐ Quiet my mind and remain calm, centered and effective in potentially stressful situations.
- ☐ Stop angry or panicky outbursts and reduce the overall level of fear and anger I feel.
- ☐ Build sense of positive control of my life, feeling brighter, more stable and energized.
- ☐ Fall asleep easily, stay asleep and wake up feeling refreshed.
- ☐ Reduce physical restlessness, sleep or awake, including tics and tremors.
- ☐ Increase capacity to start, maintain focus and finish a task well.
- ☐ Reduce my levels of pain, including migraine and fatigue on an ongoing basis.
- ☐ Normalize blood pressure, appetite, and other physiologic functions.
- ☐ Improve my ability to read or listen for details, perform math calculations, and communicate.
- ☐ Release obsessive thoughts and compulsive behaviors, including problems with substances.
- ☐ Improve physical coordination and control, including handwriting and stuttering.
- ☐ Improve my ability to recall learned material and learn new material.
- ☐ Perform at a higher level in sports, arts or business.

Check appropriate boxes below; check all that apply:

STRESS
- ☐ I overreact to pressure
- ☐ I can't quiet my mind
- ☐ I speak very fast
- ☐ I expect perfection of myself/others
- ☐ I am physically tense

DEPRESSION
- ☐ My energy levels are low
- ☐ I cry easily/feel sad often
- ☐ I sleep too little/too much
- ☐ I feel hopeless/helpless

SLEEP DISTURBANCES
- ☐ I have trouble falling asleep
- ☐ I wake often during the night
- ☐ I am hard to awaken/never feel rested
- ☐ I wake at night and can't sleep again
- ☐ I move around a lot while sleeping
- ☐ I grind my teeth in my sleep
- ☐ I sleepwalk
- ☐ I have nightmares/night terrors

ATTENTION
- ☐ I drift off into thoughts when working
- ☐ I am easily distracted from task
- ☐ I put off starting assigned tasks
- ☐ I don't finish tasks until the deadline

CONTROL
- ☐ I act/speak impulsively
- ☐ I tend to have quick emotional responses
- ☐ I am fidgety or have tics or tremors
- ☐ My handwriting is sloppy
- ☐ I tend to be clumsy/accident prone
- ☐ I can't control use of substances
- ☐ I have repetitive/compulsive behaviors

ANXIETY
- ☐ I am always worried
- ☐ I have panic attacks
- ☐ I tend to expect the worst
- ☐ I judge myself negatively
- ☐ I often feel anxious

ANGER
- ☐ I have an explosive temper
- ☐ I am irritable/impatient
- ☐ I react with physical violence
- ☐ I feel bitter/negative

PHYSICAL DISTURBANCE
- ☐ I feel dull, chronic pains
- ☐ I feel sharp, shooting pains
- ☐ I have cold hands/feet
- ☐ I feel clammy/sweaty
- ☐ I eat little/too much
- ☐ I have frequent constipation/diarrhea
- ☐ I experience racing heartbeat
- ☐ I have high/low blood pressure

LEARNING
- ☐ I have a hard time listening/reading for detail
- ☐ I make careless math errors
- ☐ I can't get math concepts
- ☐ I don't stay on track when speaking/writing

MEMORY
- ☐ I quickly forget what I've read/heard
- ☐ I can't remember past events
- ☐ I forget faces/names
- ☐ Old memories keep intruding into my thoughts
- ☐ I cannot recall periods of time from past