

**CLIENT INFORMATION**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PERSON (IF MINOR): \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

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**MEDICAL INFORMATION**

Have you previously received any type of mental health services (counselors, therapist, psychiatric services, etc) in the past two years?

No    Yes

Issues of concern: \_\_\_\_\_

Are you currently taking any prescription medication?

No    Yes, Please list

Medications:

Prescribed for:

Prescribing Physician:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any inpatient treatment you may have received: \_\_\_\_\_

\_\_\_\_\_

Any history of depression, anxiety, substance abuse, mental illness, etc. in the family? Yes \_\_\_\_ No \_\_\_\_

**If yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

**In your own words**, please describe your why you are seeking NeuroFeedback?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fees and Payment:**

In order to fully focus on you and allow you to concentrate on your concerns and issues, payment from individuals is made prior to the start of the session. **The fee charged for training session for Neurofeedback – NeurOptimal is \$110 per session if paying by check or cash; and \$115 if paying by credit card.**

**Cancellation Policy:** I understand that my therapy appointment time is a reservation just for me. If you are unable to keep a scheduled appointment or need to change an appointment, please notify our office as soon as possible. Appointments not kept or cancelled less than 24 hours in advance will be billed for the time scheduled at **a rate of \$100**. Insurance does not cover the cost of missed visit fees. It is the client's responsibility to leave notice of cancellation on my voice mail or my email, which will note the day and time you contacted me. Your communication with our office about appointment cancellations allows me to offer that time to other clients who may need to be seen.

**Cardholder Name:** \_\_\_\_\_

**Type of Card:**    Mastercard    Visa    Discover    \_\_\_\_\_

**Account Number:** \_\_\_\_\_      **3 Digit Code:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_      **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

I authorize Frank Geis M.A., LPC, LMFT to keep my signature on file and charge my credit card account listed below for the following:

1. Balances of charges not paid within 30 days, but not to exceed \$300.00.
2. Cancellation fee if an appointment is not cancelled within 24 hours.
3. Payment for services.

## Client Informed Consent

I \_\_\_\_\_ understand that NeurOptimal® is not a medical treatment, device or methodology. It is not used to diagnose medical disorders nor is it used as a medical treatment for disorders and has not been approved for any medical purpose by the FDA or any other governing agency. While the trainers may or may not be licensed health care practitioners, their use of NeurOptimal® is solely as a tool for brain training and optimization and not as a means of diagnosis or as a medical intervention.

I am satisfied with the information I have been provided (verbal, written or otherwise) by my trainer, Frank Geis, Ken Bateman and/or any individuals or associates connected with New Directions Counseling and Wellness Center or Neurofeedbacktx.com and the effects I can expect during my NeurOptimal® training and my questions have been answered to my satisfaction. I am not aware of, nor have I mentioned to the trainer any physical or medical conditions that would prohibit me from participating in the trainings. I understand that it is not possible to predict what my central nervous system will do with the information it is offered and consequently there can be no guarantee as to the results of my training.

I agree to cease training if I am less than happy with the results I am getting. I understand NeurOptimal® is purely a source of information and does not direct the response of the central nervous system. Consequently I agree to not hold Zengar Institute Inc., Frank Geis, Ken Bateman, New Directions Counseling and Wellness Center and Neurofeedbacktx.com or any of its associates or affiliates, users and trainers responsible for a less than desired outcome or any outcome that may be considered negative.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Your Name Printed

**If client is under 18 years of age:**

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Printed Name of Client's Personal Representative

\_\_\_\_\_  
Today's Date

## CONSENT FOR TRAINING WITH NEUROOPTIMAL®

**NeuroOptimal® is a training technology for the brain.** Based upon unique Dynamical Neurofeedback™ principles, it “simply” provides information to your brain which it can use to release its points of stuckness and organize itself. When one's brain does this, one usually feels better in their lives with easier access to more optimal functioning physically and emotionally. NeuroOptimal® does not tell your brain what to do. It does not push the brain into specific states of consciousness. Instead, it offers information to the brain about its own activity, which your brain will use—or not—to adjust itself. Because of this NeuroOptimal® is very safe and remarkably free of side-effects. However, the process of integrating the information and growing and changing can be a powerful one, one that many of us are not familiar with and which can feel disorienting for some. We have prepared this document to explain this process as fully as we can, so that when you sign consent for training you are doing so knowledgeably. Please ask for clarification on any issue that is not clear.

**NeuroOptimal® is not a medical treatment, device or methodology.** It is not used to diagnose medical disorders, nor is it used as a medical treatment for disorders. It has not been approved for any medical purpose whatsoever by the FDA, Health Canada or any other governing agency. While Zengar trainers may or may not be licensed health care practitioners, their use of NeuroOptimal® is as a tool for brain training and optimization, not as a means of diagnosis or as a medical intervention.

**Sessions.** Most people find the sessions enjoyable—you can just relax and enjoy them. There is absolutely nothing you have to do. You can lie back or not, and have your eyes open or closed. Some may feel sensations in their body or head, like tingling or warmth, or they may feel nothing. It's not important whether you are aware of sensations or not. It's not related to its efficacy.

**You will know within six sessions if NeuroOptimal® can help you.** If you see any changes at all, even if it is not yet what you are looking for or even if it is something you don't especially want, it is always helpful because it tells us that your brain is responding to the information NeuroOptimal® is providing. **We cannot predict your personal response to NeuroOptimal® training, nor its outcome.** Each person's journey and their results will vary. Some people experience dramatic shift and growth while others are slower in how they change. It's possible you will perceive little or no effect.

**Progress can be variable**— it often doesn't follow a straight path forward. This is normal. It can go up and down, but we do like to see a general trend in the desired direction. NeuroOptimal® Professional can show you some analyses that can contribute to your understanding of your progress, but in the end it is always how you are doing in your life that is most important.

**Once your central nervous system (CNS) starts to shift in response to training you may feel the effects of this physically, emotionally or in your daily life.** While these effects are often what we want, there can sometimes be some unwanted effects also. These can fall into one or more of several groups depending on when they are experienced during a session, after a session, effects before the changes have “settled in” (between sessions), and the more ongoing effects of change.

**Effects felt during a session or soon after** are a response by your CNS to the challenge of training. Although the sessions may feel relaxing, your brain is actually working very hard. NeuroOptimal® is like going to a gym for the brain. Once you start training the instabilities that you have (which we all have to a greater or lesser degree) can put in an appearance, sometimes more strongly than usual. This can be anything you have ever tended to experience, or a symptom that belongs to the symptom cluster that is a problem for you, even if you haven't experienced that one

symptom before. As these symptoms can be anything that any one of us can complain about, it is difficult to make a full list, but the more common are sensations in or on the head, irritability, difficulty sleeping that night, feeling anxious, headache, discomfort in the body often associated with old injuries, sleepiness during the session, heart palpitations, children more cantankerous afterwards, feeling spacey or dizzy, ear noises changing and so on. These effects, if they occur, are temporary and usually disappear in the hours following the session and generally stop appearing after a few sessions when the CNS becomes stronger, more flexible and more resilient. If undertaking additional efforts or experiencing new types of stress sometimes trigger physical or psychological reactions in you, the initial stages of the training might provoke these reactions. This is more important if you experience severely incapacitating symptoms of some kind, so please be aware that it is possible (although not necessarily so) that you may see a temporary increase in your symptoms as the CNS “goes into the gym” and plan accordingly (e.g. you may temporarily want to have someone drive you). If you are working with a trainer, they can work with you to adjust the length, frequency and intensity of the sessions to keep you as comfortable as possible until you reach a new level of stability. If you are running your own sessions, work with the Initial Session until you are comfortable with that, then Session Two and so on until you are comfortable running Regular Sessions. It is important to remember however, NeuroOptimal® is merely providing information that your brain uses to do its own organizing, so even if you jump in and do the most difficult sessions from the start (Regular and Extended sessions), which many do, it is a question of comfort, not safety.

**Effects felt between sessions** and before the full change has “settled in”. Very often the change people experience with NeuroOptimal® is remarkably effortless and seamless. You are in “this universe” now, and “this new universe” in the next moment. The challenge with this is to notice the changes that are happening— when you are in your “new universe” you don’t remember accurately what it was like in the old one. This process of seamless change is why it is important to decide ahead of time how you will know if you are getting the results you want. But not all change is seamless, and some people may have feelings that are less comfortable, such as feeling more open, vulnerable, raw, reactive or tearful. Sometimes it is not that they feel more of these emotions, but instead are becoming more aware of their feelings. Another effect is that some of the people in your environment can be challenged by the changes in you, as you become clearer around your needs. These challenges are all similar to how people can feel in response to good psychotherapy or other healing modality. There can be bodily shifts too. As your brain becomes more finely tuned the negative effects of some of our bad habits become harder to ignore, like drinking too much or not getting enough sleep. Your tolerance for alcohol will reduce, so the same amount of alcohol will feel like more, so please adjust accordingly. If you are on medication for a disorder, there may come a time when you need less medication. This can show by seeing side effects from that medication, or more surprisingly, by a sudden reappearance of the symptoms for which you are taking the medication. Of course, all medication decisions will be handled by your physician, so please let him or her know about your NeuroOptimal® training and any medication effects you are having. Please make sure you follow your physician’s advice and treatment on-goingly for your medical issues. NeuroOptimal® in no way replaces medical care, and indeed, NeuroOptimal® trainers will often require that you are under such care before they work with you.

**On-going change.** Your tastes can change— things that have been appealing to you in the past may not seem so any more. While this is usually in line with your well-being, if you earn your living by one of your senses, please be aware these senses may change and it may take you time to adapt to the new sensations. So wine may not taste the same, for example. It could also be that if you had a particular talent that was based on “being parked” (or stuck) in a particular state. You may find this “talent” dropping away initially as the central nervous system releases its points of stuckness. You will have access to these states, but you will need to develop the skill to “go there” and “come back”.

**How long do the effects last?** As your changes become more stable, they will become your new norm and will remain with you through your lifetime. It's like learning how to read or swim. Once you know, you can't not know, although you may get rusty. Your brain is living tissue and can get thrown off by stress, chemicals, hormonal changes, an anesthetic, head injury or other challenge. If this happens to you, a few booster sessions will help your brain return to its good place.

**Research.** Although the neurofeedback field as a whole has decades of history behind it and much research now, it is still considered by many to be experimental and NeuroOptimal®'s dynamical technology (dynamical is a technical term used in the field it comes from) is the newest and most innovative of all the approaches. So while there are some studies supporting NeuroOptimal®'s use, the practical training experience exceeds the research by far. However, Zengar conducted an extensive survey conducted of its users after 10 years of use of NeuroOptimal®. It reports on the experience of over a million hours use by its trainers worldwide, and is available for perusal by request. You are invited to explore the potential benefits to you of undertaking this training, but if you feel it is not being helpful for you or that the downsides outweigh the upsides, please let us know of your concerns. If you still feel it is not helpful or too uncomfortable, please cease training. Because NeuroOptimal® is purely a source of information and does not direct the response of your cns, you are agreeing to not hold Zengar Institute Inc. or any of its users and trainers responsible for a less than desired outcome or any outcome that could be considered negative.

**Driving.** Please be aware training can be very relaxing. If you are driving, please make sure you are alert enough to do so.

**Our Commitment.** Please do not hesitate to raise with us any concerns you may have, at any time. Our commitment to you is to provide the best training possible, and to address your questions and concerns openly and with integrity. Beyond that, your training is a unique exploratory journey that we embark upon together.

**If you wish to commence training, please sign below indicating that you have read, understood and accept the above information and terms. Your consent will remain valid without limit unless replaced by a later one. Thank you!**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**If client is under 18 years of age:**

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Printed Name of Client's Personal Representative

\_\_\_\_\_  
Today's Date



# TRACKING YOUR SHIFTS THE ONE HUNDRED



Name: \_\_\_\_\_

Date: \_\_\_\_\_ Pre / Ongoing / Post Date: \_\_\_\_\_

Please check off any item that represents how you are feeling so you can track brain perception following your use of NeurOptimal®. If you are unsure, use the past week as your guide. It's fine to add comments if you wish. Please note that NeurOptimal® does not diagnose, treat, mitigate or cure any disease, disorder or abnormal physical state. This checklist is provided for tracking and reference purposes only. If you require a diagnosis or treatment for any of the below feelings, you should seek medical advice.

1. Itchy or irritated nose, sneezing
2. Wheezing
3. Catch cold too often
4. Run down
5. Tired
6. Awake too long when you go to bed
7. Waking up during the night
8. Waking up before you want to
9. Difficult to wake up in the morning
10. Bad dreams
11. Difficulty breathing at night
12. Out of bed but not knowing how you got there
13. Skin difficult to manage
14. Hair weaker or less lustrous than you'd like
15. Nails weak, flaking or tearing
16. Blurry vision at times
17. Areas where you can't see anything
18. Spots floating in front of you
19. Difficult to hear
20. Ringing in your ears
21. Ears hurt inside
22. Smells seem different or lost
23. Nose gets blocked
24. Grinding your teeth
25. Things taste different
26. Voice hoarse or sore
27. Can't get enough air
28. Heart too fast or jumpy
29. Pulsing or throbbing in your head
30. Heart skips a beat
31. World spinning around you
32. Might throw up
33. Tummy hurts
34. Gassy, bloated
35. Sensitive digestion
36. Upset stomach
37. Difficulty going to the bathroom
38. Eat when not hungry, or not feeling hungry
39. Trouble eating sweets
40. Urges to eat sweet things
41. Sensitive to heat or cold
42. Slowed down or speeded up
43. Moody at certain times of the month
44. Hot flashes
45. Problems from being of a "certain age"
46. Not interested in your partner
47. Too interested in your partner or other people?
48. Stiff and sore
49. Areas that really hurt when touched
50. Muscles hurt
51. Fatigued
52. Pains in your head
53. Going to pass out
54. Lose consciousness
55. Difficult to remember things
56. Difficult to find your words
57. Difficulty reading
58. Difficult to speak sometimes?
59. Shaky
60. Weak
61. Too active
62. Can't balance on one leg
63. Moving your head or saying words you don't intend
64. Difficulty paying attention
65. Easily distracted
66. Make a lot of mistakes
67. Disorganized
68. Difficult to complete tasks
69. Lose your train of thought
70. Difficult to complete studies or work
71. Get into trouble at school or work
72. Mix up numbers or letters sometimes
73. Difficult to know how things fit together
74. Difficulty with some subjects
75. Need to go to the bathroom but hard to start
76. Lose your urine sometimes
77. Difficult to control going to the toilet
78. Stinging sensations when going to the bathroom
79. Drink too much sometimes
80. Smoke cigarettes
81. Concerns about eating
82. Need caffeine to get going
83. Enjoy marijuana
84. Habits that concern you
85. Moody
86. Feeling low or flat
87. Feel sad
88. Concerned about things
89. Feel terrified sometimes
90. Mull about things
91. Thoughts you'd like to stop but can't
92. Need to do things over and over
93. Eat more food than you can comfortably eat
94. Careful to never eat too much
95. Make yourself throw up
96. Difficult to do things you'd like to do
97. Others are against you
98. Get into trouble for your behavior
99. Feeling angry
100. Overwhelmed

**Note:**

Any concerns mentioned are intended as examples only and not meant to suggest that NeurOptimal® treats, mitigates, cures, or diagnoses any listed concern. Instead, identified concerns and medication use are one of many ways to measure shifts in brain functioning and perception.

## MY WISHLIST

FILL THIS OUT BEFORE YOU START YOUR TRAINING WITH NEUROPTIMAL®

I Would be pleased if the following shifts were to take place in my life:

1.

2.

3.



Please note that NeuroOptimal® does not diagnose, treat, mitigate, prevent or cure disease, disorder or abnormal physical state, nor does it restore, modify or correct the body's structure or functioning. Information provide is for reference and tracking purposes.

# TRACKING YOUR SHIFTS

Fill this out before you start training and then every fifteen sessions.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SESSION NUMBER \_\_\_\_\_ MY QUALITY OF LIFE ON A SCALE OF 1 – 10: \_\_\_\_\_

Medication I am on (how much, how often): \_\_\_\_\_

<b>ITEM</b> Pick the items that you would like to see shift. From the "One Hundred" list.	<b>DURATION</b> How long did it last? Do not count when you were sleeping	<b>INTENSITY</b> How strong was it 0-10	<b>FREQUENCY</b> How many times did you feel this way in the past week, or how many days out of 7?
1.			
2.			
3.			
4.			
5.			



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