



## NeuroIntegration Training Patient Packet Instructions

This packet contains information and forms for you to complete and bring with you to your first neurofeedback visit. The information you provide will assist us in better understanding your current health concerns and issues from a mind-body-spirit perspective. The information provided is confidential and is handled in compliance with the HIPPA (Privacy) regulations.

Please find these forms attached, and bring the completed forms to your first session:

- Patient Information & NeuroIntegration Intake Form
- Symptoms Checklist, and
- Consent Form.

If you have questions, please call (888) 726-4442 or check for an answer on-line on our website. Click on the NEUROINTEGRATION link at

[www.revolutionarymd.com](http://www.revolutionarymd.com)

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### INSTRUCTIONS FOR COMPLETING THE ENCLOSED SYMPTOMS CHECKLIST

1. Please rate each of the symptoms on the following pages.
2. For each symptom that applies to you, please rate each symptom on a scale of 1-10, with:
  - 1 = MINIMAL “This symptom is present in my life, and I experience it minimally or very occasionally”
  - 5 = SOMEWHAT “ I experience this symptom, and it comes and goes”, and
  - 10 = SEVERE “I experience this symptom constantly or almost all of the time. This symptom is a major issue in my life.”
3. For each symptom that does not apply to you, leave the box blank (no rating is required).