



NBT Intake Form

Fairbanks Family Wellness
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Have you watched the introductory YouTube videos about neurofeedback with Brain-Trainer? If not, would you like to do so now? _____

What goals do you have for brain training? _____

What would you like to have changed the most about your brain or behavior? _____

Are there significant events that you can recall that have occurred in your life that keep you "stuck"? _____

If you could change just one thing about your life, what would it be? _____

If you have stressors in your life contributing to your challenges, can you list them? _____

When did you begin experiencing these challenges you face? _____

Signed: _____ Date: _____