

Goals for treatment

Note: any questions that are not comfortable to answer, please skip

1. List 3 Symptoms that you hope to reduce in therapy. List the severity from 1-10 (1 being least invasive, 10 the most and the length of time it has been present

2. Have you ever been hospitalized for symptoms that would not abate? Please explain.

3. Describe your early childhood relationships (Mother/Father/ siblings)

4. How will you know when you have completed enough Neurotherapy?