



# BRAIN

PERFORMANCE CENTER

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

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

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*PLEASE \*\* YOUR TOP COMPLAINTS*

**Please Check All That Apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Closed head injury  | <input type="checkbox"/> Lack of seeking to share enjoyment, interest, or achievement with others |
| <input type="checkbox"/> Poor listener when spoken to directly   | <input type="checkbox"/> Intense pre-occupation on specific interests                             |
| <input type="checkbox"/> Difficulty organizing tasks & activities  | <input type="checkbox"/> Repetitive gestures  |
| <input type="checkbox"/> Forgetful in daily activities   | <input type="checkbox"/> Impaired conversational skills   |
| <input type="checkbox"/> Fidgets or squirms  | <input type="checkbox"/> Lack of creative play  |
| <input type="checkbox"/> inappropriately runs or climbs  | <input type="checkbox"/> Suicidal thoughts  |
| <input type="checkbox"/> Often 'on the go'   | <input type="checkbox"/> Inattention to details/Careless mistakes                                 |
| <input type="checkbox"/> Impulsivity   | <input type="checkbox"/> Poor follow-through on instructions                                      |
| <input type="checkbox"/> Difficulty waiting on turn  | <input type="checkbox"/> Dislikes/Avoids tasks requiring attention                                |
| <input type="checkbox"/> Social Anxiety  | <input type="checkbox"/> Easily Distracted  |
| <input type="checkbox"/> Panic Attacks   | <input type="checkbox"/> Impaired Performance   |
| <input type="checkbox"/> Recurrent use of substance resulting in failure to fulfill obligations at work, school, or home | <input type="checkbox"/> Talks excessively  |
| <input type="checkbox"/> Restlessness  | <input type="checkbox"/> Blurts out answers prematurely   |

- Environmental anxiety
- Chronic anxiety
- Obsessive worry
- Anxiety/worry for physical symptom cause significant distress
- Inappropriate social & emotional interaction w/others
- Poor appropriate peer relationships
- Repetitive behavior or mental acts that you are driven to do because of obsessive thoughts
- Inflexible with routines and rituals
- Delay or lack of spoken language
- Repetitive phrases or words
- Weight changes
- Excessive sleep
- Fatigue or loss of energy
- Difficulty concentrating or mind going blank
- Irritability
- Problems following verbal instructions
- Behavior or mental acts conducted to reduce stress or anxiety
- Inappropriate eye contact/facial expression
- Nightmares
- Handwriting problems (age is relative)
- Clumsiness (coordination)
- Poor judgment
- Preoccupied with details, rules, lists, order
- Poor self-awareness of personal space; often invading others' space, intolerant of invasion of one's own space
- Difficulty expressing your emotions
- Difficulty reading others' emotions
- Rigid range of control:  Anger  Joy
- Lack of confidence:  Ability  Appearance  Fear
- Argues with authority figures
- Does not follow rules
- Blames others for mistakes or misbehavior
- Loses temper often
- Performs Math below grade level
- Math deficit interferes with academic achievement or daily activities
- Difficulty reading a map or poor direction orientation
- Difficulty pronouncing words
- Spiteful and vindictive
- Decreased ability to initiate maintained sleep

Sleep disturbances cause functional impairment

Muscle tension

Recurrent substance related legal problems

Social or interpersonal problems related to effects of continued substance use

Rigid or stubborn

Reluctant to delegate unless done your way

Unable to discard worthless or worn out objects

Inflexible regarding morals, ethics, and values

Perfection interferes with task completion

Recurrent and persistent thoughts

Spelling Difficulty

Tic disorder

Declination of short term memory

Declination of long term memory

Declination of working memory (required to complete routine task)

Seizure disorder

Stroke

Tremor

Deliberately annoys others often

Reads below grade level

Reading deficit interferes with academic achievement or daily activities

Difficulty with word recall

Post-Traumatic Stress Disorder

Frequently use the wrong word

Angry or resentful

Please list any other symptoms that may concern you .

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Please share any other information that may be helpful in your treatment program.

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