BRAINCORE THERAPY PROGRAM
APPLICATION FOR ACCEPTANCE

Filling out this application does not guarantee acceptance into The BrainCore Therapy Program.

Although we would like to accept everyone that is suffering from the various symptoms that BrainCore Therapy helps, it simply is not possible. Due to the number of applicants and the amount of spaces that we have available per day on our equipment, we must screen all of the potential candidates for care.

BrainCore Therapy has produced incredible results for our patients. One of the reasons for this is our process of selecting only those patients with conditions that we believe we can truly help with this cutting edge technology. The amelioration of our patient's symptoms is our primary goal and can only be accomplished with proper patient selection.

Please understand that time is valuable – both yours and ours. This application for acceptance into the program will provide us with the valuable information that will help us make a decision as to whether or not we believe we can help you. If we find that you or your loved one is a candidate for The BrainCore Program we will let you know as soon as possible. If we honestly feel that the program may not provide any benefit for your condition, we will recommend an appropriate referral to best suit your needs.

What symptoms have brought you to our office?

What have you tried in the past that did not work for you?

What other Doctor's or therapists have you seen for this condition?

What has worked for you so far?

What are you hoping that our Patented BrainCore system can do for you?

If you do not get help for this symptom, what do you think your next step would be?

BrainCore Therapy

INFORMED CONSENT

Patient Name _____ Date _____

BrainCore feedback training is a process of providing information to the client about physical, nervous system, and brainwave activity. Sensors are attached to the earlobes and the head to gather information.

Nothing is done to the client. The sensors simply measure changes in systems monitored. The information is seen on a computer screen and heard through speakers or headphones. The client is able to see and hear changes in this physiological activity and, by practicing self-regulation techniques such as relaxation and breathing, the client can learn to correct imbalances in the systems being monitored. This process may result in improvement in the client's presenting condition(s) as these functional problems are corrected.

Research has been conducted to study the effects of this intervention and these studies have been published in peer reviewed, professional journals relevant to this field of study. Extensive research and clinical experience have demonstrated the effectiveness of biofeedback interventions for a wide variety of conditions.

These interventions are considered particularly safe and are generally without harmful side effects. However, any intervention that can lead to positive results can also lead to unwanted effects. Because this is a training approach, both desirable and undesirable effects continue for only a short time unless they are reinforced. This characteristic helps limit the potential for lasting negative effects and allows for the selective reinforcement of positive effects.

BrainCore makes no claim or guarantee that this training will be effective for your specific concerns. All client records and transactions are confidential unless release of these records is authorized in writing by the client, or otherwise required by law. Clients will have access to their records. Other services may also be effective for a client's condition(s). Information about such services will be provided upon request. Clients have the right to choose freely among available practitioners, and to change practitioners after services have begun. The client can expect a coordinated transfer if s/he changes service providers. Clients may refuse any service or training approach. Clients may freely assert any of these rights.

I have read and understood this document; I have had the opportunity to ask questions and have had those questions answered to my satisfaction. I have received a copy of this document for my records.

Signed: _____ Date: _____

Witness: _____ Date: _____

INTAKE QUESTIONNAIRE Date___ _____

PATIENT INFORMATION

Patient Name	Age	DOB
Address		
City/State/Zip		
Phone (home)	Cell	

PARENT(S) OR GUARDIAN(S) OF MINOR

Patient Name	Age	DOB
Address		
City/State/Zip		
Phone (home)	Cell	

PLEASE DESCRIBE YOUR COMPLAINTS (WHY YOU ARE HERE?)

WHAT BENEFITS DO YOU HOPE TO GAIN FROM BRIANCORE THERAPY?

HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS?

	ADD		Seizure Disorders such as Epilepsy		Alzheimer's
	ADHD		Depression		Cognitive Impairment
	Traumatic Brain Injury		Bipolar Disorder		Stroke or Transient Ischemia
	Anxiety		Tourette's		High Blood Pressure
	Sleep Disorder		Migraines		Post Traumatic Stress Disorder
	Irritable Bowel		Allergies		Asthma
	Heart Attack		Heart Disease		Chronic Pain
	Fibromyalgia		Reflex Sympathetic Dystrophy (RSD		Obsessive Compulsive Disorder
Please indicate any other pertinent diagnosis that is not list above:					

WHO DIAGNOSED YOUR CONDITION(S) AND WHAT IS THEIR PROFESSION?

NAME	PROFESSION	CONDITION DIAGNOSED

PLEASE LIST ALL MEDICATIONS, WHO PRESCRIBED AND FOR WHAT CONDITION

MEDICATION	DOCTOR THAT PRESCRIBED	CONDITION TAKEN FOR

PATIENT NAME _____ DATE_____

SLEEP SYMPTOMS

	Difficulty going to bed		Restless legs
	Difficulty going to sleep		Bed wetting or soiling
	Wake up frequently		Nightmares
	Early awakening		Sleep too much
	Restless sleep		Sleep apnea
	Talking in sleep		Bruxism (teeth grinding)
	Walking in sleep		Vivid dreams
	Night Terrors		Night sweats

COGNITIVE SYMPTOMS

	Dyslexia		Poor visual spatial skills
	Poor word fluency		Poor sense of self in space
	Poor ability to process		Inability to write neatly
	Poor ability to plan		Poor fine motor skills
	Poor reading comprehension		Poor spelling
	Difficulty understanding words		Poor sense of direction
	Poor arithmetic calculation		Poor tracking during reading
	Indecisive		Poor memory

PAIN SYMPTOMS

	Chronic pain with depression		Chronic throbbing pain
	Chronic aching pain		Chronic stabbing pain
	Tension Headache		Chronic shooting pain
	Low pain tolerance		Sciatica pain
	Fibromyalgia		High pain tolerance
	Migraine		Peripheral neuropathy pain
	Jaw tension		Emotional reactivity to pain
	Chronic burning pain		Pain in the shoulders and neck

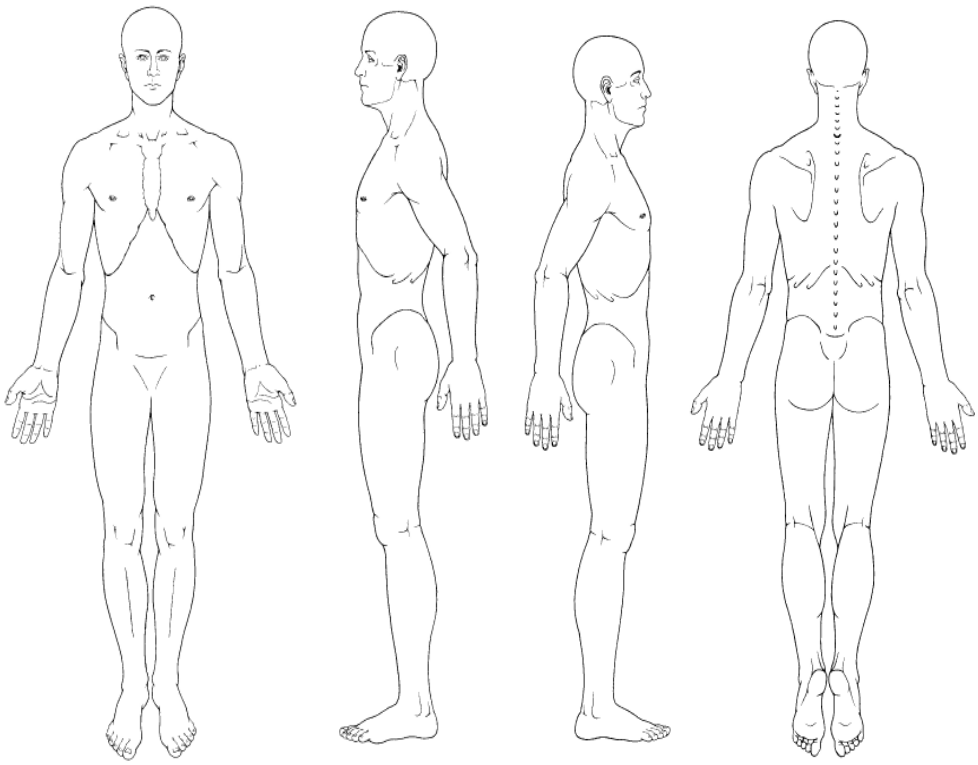
PATIENT NAME _____ DATE_____

IF YOU ARE EXPERIENCING PAIN, NUMBNESS, TINGLING, BURNING SESNATIONS, THEN

PLEASE COMPLETE THE DIAGRAM BELOW

Please mark off the areas of your complaint on the diagram above with the following indicators:

PPP = pain
NNN = numbness
TTT= tingling
BBB= burning
CCC= cramping



PLEASE LIST FIVE GOALS THAT YOU HOPE TO ACHIEVE WITH BRIANCORE THERAPY

PATIENT NAME _____ DATE_____