

Neurotherapy Narrative Tracking Sheet

Name:	Session Date:	Completion Date:
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Sleep: How long to fall asleep on the 2 evenings following your NT session? Did you wake at night, how often for how long? Was your mind busy or quiet? How did you feel upon waking.

Food/Drink/Substances: Note any cravings for food, drink or substances since your last session?
Energy: Were there any changes in your energy level since your last session?

Focus/Task Completion: Record any changes in your focus or task completion after neurotherapy.

Mood/Emotions: Any shifts in your moods or emotions since your last session?

Relaxation: Were there any changes in your ability to relax since your last neurotherapy session?

Social: Any changes in your reaction to other people or theirs to you, since last session?

Other Changes: Any changes you noticed since your session that seem unrelated to neurotherapy?

Observations by Others: Note any comments from other people about how they see you.

Medication Changes: Record changes in prescription or non-prescription drug/supplement use.