

Neurotherapy Tracking Sheet

Name: _____ Reporter Name: _____ Session Date: _____

Please complete mid-way between sessions – Date Filled: _____

	BETTER / EASIER	SAME	WORSE / HARDER
MOOD			
FOCUS			
ENERGY			
RELAXATION			
FALLING ASLEEP			
STAYING ASLEEP			
WAKING UP			

Physical Changes: _____

Differences Noticed By Others: _____

Differences Noticed By Client: _____

Initial Treatment Goals:	Worse	No Change	Slightly Improved	Improved

Positive Changes Noted:

Continued Areas of Concern:

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Session Date: _____

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