Les Fehmi, Ph.D.	Date:			
317 Mt. Lucas Road Princeton NJ 08540	Interviewer:			
609.924.0782 Fax: 609.924.0782 lesfehmi@openfocus.com www.openfocus.com	Referred By:			
1. NAME:	MALE/FEMALE	BIRTH DATE: / /		
2. ADDRESS:				
3. PHONE: (HOME)	(CELL)	(OFFICE)		
4. EMAIL:				
5. MARITAL STATUS:	YEARS MARRIED: _			
6. * <u>EMERGENCY CONTACT</u> : NAME:				
PHONE: REL	ATIONSHIP:	_ ADDRESS:		
7. HOBBIES: (HOW DO YOU SPEND Y	OUR FREE TIME?)			
8. PHYSICAL EXERCISE: (AMOUNT/T)	YPE AND FREQUENCY	)		

Range: From none (0) to overwhelming (10)- (ex.,3-7)

Frequency: Times a Day (D), Week (W), Month (M), Year (Y), ex., (3xD)

PHYSICAL SYMPTOM	<u>RANGE OF</u> INTENSITY	<b>FREQUENCY</b>
COLD HANDS/FEET		
HEADACHES		
NECK, SHOULDER, BACK OR OTHER MUSCLE PAIN		
PAINS/TIGHTNESS IN CHEST OR HEART		
SWEATING HANDS/FEET, ETC.		
HIGH/LOW BLOOD PRESSURE		
NAUSEA, VOMITING, UPSET STOMACH		
DIARRHEA, CONSTIPATION		
HEART POUNDING, RACING, ARRHYTHMIAS		
MUSCLE TWITCHING OR TREMORS		
NERVOUSNESS, SHAKINESS		
EASILY FATIGUED, LOW ENERGY, BURNOUT		
DIZZINESS, VERTIGO OR FAINTNESS		
BODY NUMBNESS OR TINGLING		
EATING DISORDERS, LOSS OR INCREASE IN APPETITE		
OTHER PAIN		

UNABLE TO GET RID OF NEGATIVE THOUGHTS/IDEAS UNUSUAL BODY FEELINGS ANXIETY, FEAR, APPREHENSION, PANIC FEELING CRITICAL OF OTHERS NIGHTMARES STUTTERING, STAMMERING, ETC. TROUBLE REMEMBERING THINGS, MIND GOES BLANK FEELING EASILY ANNOYED, ANGERED, IRRITATED FEELING CONFUSED CRYING EASILY TEMPER OUTBURSTS YOU CANNOT CONTROL BLAMING YOURSELF FOR THINGS IMPULSIVE BEHAVIOR, EMOTIONAL INSTABILITY FIDGETY, RESTLESS, ANTSY, IMPATIENT FEELING LONLEY, SEPARATE, SAD SUBSTANCE ABUSE– FOOD, ALCOHOL, DRUGS FEELING GUILTY, SHAME WANTING TO BE ALONE TROUBLE CONCENTRATING, DISTRACTED MOOD SWINGS FEELING HOPELESS ABOUT THE FUTURE DEPRESSION, WITHDRAWL, PROCRASTINATION FEELING SELF CONSCIOUS TALKING TOO MUCH FEELING SELF CONSCIOUS TALKING TOO MUCH FEELING PEOPLE ARE UNFRIENDLY OR DISLIKE YOU	DEMAVIORAL/ LAPERIENTIAL STIVIPTOW	KANGE OF INTENSIT	Incount
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FEELING LONLEY, SEPARATE, SAD       Image: Substance Abuse- Food, Alcohol, Drugs         SUBSTANCE ABUSE- FOOD, Alcohol, Drugs       Image: Substance Abuse- Food, Alcohol, Drugs         FEELING NO INTEREST IN THINGS       Image: Substance Abuse- Food, Alcohol, Drugs         FEELING Guiltry, Shame       Image: Substance Abuse- Food, Alcohol, Drugs         WANTING TO BE ALONE       Image: Substance Abuse- Food, Alcohol, Drugs         TROUBLE CONCENTRATING, DISTRACTED       Image: Substance Abuse- Food, Alcohol, Drugs         MOOD SWINGS       Image: Substance Abuse- Food, Alcohol, Drugs         FEELING HOPELESS ABOUT THE FUTURE       Image: Substance Abuse- Food, Alcohol, Drugs         DEPRESSION, WITHDRAWL, PROCRASTINATION       Image: Substance Abuse- Food, Alcohol, Drugs         FEELING SELF CONSCIOUS       Image: Substance Abuse- Food, Alcohol, Drugs         TALKING TOO MUCH       Image: Substance Abuse- Food, Ab	IMPULSIVE BEHAVIOR, EMOTIONAL INSTABILITY		
SUBSTANCE ABUSE- FOOD, ALCOHOL, DRUGS       Image: Constant of the second	FIDGETY, RESTLESS, ANTSY, IMPATIENT		
FEELING NO INTEREST IN THINGS       Image: Constant of the second s	FEELING LONLEY, SEPARATE, SAD		
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TROUBLE CONCENTRATING, DISTRACTED       Image: Concentrating of the second	FEELING GUILTY, SHAME		
MOOD SWINGS       Image: Construction of the future         FEELING HOPELESS ABOUT THE FUTURE       Image: Construction of the future         DEPRESSION, WITHDRAWL, PROCRASTINATION       Image: Construction of the future         FEELING SELF CONSCIOUS       Image: Construction of the future         TALKING TOO MUCH       Image: Construction of the future         FEELING SOMETHING IS WRONG WITH YOUR MIND       Image: Construction of the future         FEELING PEOPLE ARE UNFRIENDLY OR DISLIKE YOU       Image: Construction of the future	WANTING TO BE ALONE		
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FEELING SELF CONSCIOUS       Image: Conscious         TALKING TOO MUCH       Image: Conscious         FEELING SOMETHING IS WRONG WITH YOUR MIND       Image: Conscious         FEELING PEOPLE ARE UNFRIENDLY OR DISLIKE YOU       Image: Conscious	FEELING HOPELESS ABOUT THE FUTURE		
TALKING TOO MUCH         FEELING SOMETHING IS WRONG WITH YOUR MIND         FEELING PEOPLE ARE UNFRIENDLY OR DISLIKE YOU	DEPRESSION, WITHDRAWL, PROCRASTINATION		
FEELING SOMETHING IS WRONG WITH YOUR MIND FEELING PEOPLE ARE UNFRIENDLY OR DISLIKE YOU	FEELING SELF CONSCIOUS		
FEELING PEOPLE ARE UNFRIENDLY OR DISLIKE YOU	TALKING TOO MUCH		
	FEELING SOMETHING IS WRONG WITH YOUR MIND		
	FEELING PEOPLE ARE UNFRIENDLY OR DISLIKE YOU		
	LACK OF MOTIVATION, INTEREST		
SEXUAL SHYNESS	SEXUAL SHYNESS		

3

## **MEDICAL / PSYCHOLOGICAL**

## 1. PRIMARY SYMPTOM(S) COMPLAINT(S) FOR WHICH TREATMENT IS DESIRED.

1								
2.								
3								
2. DATE AND CO	NDITION S	URRO	UNDING FIRS	T APPEAR	ANCE OF I	EACH SYMP	том	
1								
2								
3								
3. WHO DIAGNO	SED SYMF	томѕ	(NAME & AI	DDRESS)				
WHAT WAS	5 DIAGNOS	SIS		WHEN	WAS IT D	IAGNOSED_		
4. LAST PHYSICA		ATION	BY PHYSICIA	N				
NAME OF F	PHYSICIAN			DATE_				
OUTCOME	/RECOMM	IENDAT						
5. CURRENT MEI	DICATIONS	6 (PLEA	SE LIST ALL N	/IEDICATIO		ENTLY USED	:	
SYMPTOM BEING TREATED	<b>MEDICATION</b>	<u>DOSAGE</u>	FREQUECY OF USE	<u>EFFECTIVNESS</u>	SIDE EFFECTS	<u>PRESCRIBING</u> <u>PHYSICIAN</u>	<u>START</u> DATE	_
								л
								] ]

6. PAST/CURRENT USE OF STIMULANTS AND SOCIAL DRUGS (CHECK AND DESCRIBE FREQUENCY)
ALCOHOL CIGARETTES MARIJUANA COFFEE TEA OTHER SUBSTANCES
7. NUTRITIONAL HABITS (DESCRIPTION OF ONE DAY'S MEALS)
BREAKFAST
MID-MORNING SNACK
LUNCH
MID-AFTERNOON SNACK
DINNER
EVENING SNACK
USE OF STRESS FOODS—DESCRIBE FREQUENCY
SUGARCANDYDESSERTS SALT CHOCOLATESOFT DRINKS
HOW OFTEN DO YOU EAT OUT?
8. DESCRIBE ANY OCCASIONS WHEN YOU HAVE LOST CONSCIOUSNESS OR FAINTED
9. MARITAL AND/OR FAMILY RELATIONSHOPS. WHAT ARE THE MAJOR STRESSORS IN YOUR FAMILY LIFE?
FATHER
MOTHER
DO YOU LIKE YOUR JOB? SCHOOL?
WHAT ARE THE MAJOR STRESSORS IN YOUR JOB? SCHOOL?
HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH OTHERS (FRIENDS, EMPLOYERS, EMPLOYEES)?
10. HOW WELL CAN YOU RELAX WHEN YOU HAVE NO SPECIAL PROBLEMS? (RATE 1- 10)

12. DO YOU DO ANYTHING SPECIFICALLY TO RELAX, I.E., HAVE YOU ANY KNOWLEDGE AND/OR EXPERIENCE WITH ANY OF THE SYSTEMATIC RELAXATION TECHNIQUES SUCH AS MEDITATION, YOGA, AUTOGENIC TRAINING, BIOFEEDBACK TRAINING, ETC.?

13. WHAT DO YOU DO ON A DAILY BASIS TO SPECIFICALLY RELAX? WHEN DO YOU DO THIS AND HOW MUCH TIME DO YOU SPEND?

#### TO BE FILLED OUT BY THERAPIST ONLY

#### MEDICAL/PSYCHOLOGICAL

- 1. WHAT EMOTIONAL FEELING IS DOMINANT WHEN THE SYMPTOM IS PRESENT OR MOST INTENSE? (NERVOUSNESS, WORRY, FEAR, ANGER, FRUSTRATION, OTHER)
- 2. DO YOU HAVE ANY WARNING THAT THE SYMPTOM IS COMING ON OR WILL INCREASE IN INTENSITY (FEELING NERVOUS, DEPRESSED, MUSCLE TENSION, OR OTHER MENTAL OR EMOTIONAL STATE)
- 3. WHAT REDUCES OR ALLEVIATES EACH SYMPTOM? (ACTIVITY, MEDICATION, FOOD, BEVERAGES, RELAXATION, SLEEP, ETC.)
- 4. WHAT INCREASES THE SEVERITY OF EACH SYMPTOM (FOODS, STRESSFUL SITUATION, ACTIVITY, MEDICATION)
- 5. HAVE YOU NOTICED ANY TIME PATTERNS IN RELATION TO THE OCCURANCE OF YOUR SYMPTOMS? (TIME OF DAY/WEEK/MONTH, SLEEPING VS. WAKING, SEASON CHANGE, WEATHER ETC.)
- 6. HAVE YOU NOTICED THAT CERTAIN FEELINGS OR SITUATIONS MAY BE ASSOCIATED WITH THE ONSET OF SYMPTOMS? (STRESSFUL EVENTS, IMPENDING SOCIAL/ FAMILIAL/OCCUPATIONAL ENGAGEMENTS) \_\_\_\_\_\_6

# 7. HOW ARE DAILY ACTIVITES LIMITED BEFORE/DURING/FOLLOWING THE APPEARANCE OF EACH SYMPTOM?

8. HOW WOULD YOUR LIFE BE DIFFERENT WITHOUT YOUR SYMPTOM (S)?

9. WHAT, IF ANY, BENEFITS DO YOU RECEIVE FROM YOUR SYMPTOMS (E.G. ATTENTION FROM OTHERS, OPPORTUNITY TO TAKE IT EASY, DISTRACTION FROM PERSONAL PROBLEMS)?

**10. DETAILED DESCRIPTION OF SYMPTOM(S) COMPLAINT (S) FOR WHICH BIOFEEDBACK TRAINING IS DESIRED. FOR EACH SYMPTOM:** 

<u>SYMPTOM</u>	LOCATION	QUALITY OF	<u>INTENSITY</u>	<b>DURATION</b>	<b>FREQUENCY</b>
		PAIN			

### 11. DO YOU EXPERIENCE SUICIDAL THOUHTS?

HAVE YOU EVER ATTEMPTED SUICIDE?\_\_\_\_\_

DO YOU THINK YOU MIGHT EVER ATTEMPT SUICIDE?\_\_\_\_\_