



NEUROPTIMAL
POWERED BY ZENGAR

CLIENT INFORMED CONSENT

I _____ understand that NeuroOptimal[®] is not a medical treatment, device or methodology. It is not used to diagnose medical disorders nor is it used as a medical treatment for disorders and has not been approved for any medical purpose by the FDA, Health Canada or any other governing agency. While Zengar trainers may or may not be licensed health care practitioners, their use of NeuroOptimal[®] is solely as a tool for brain training and optimization and not as a means of diagnosis or as a medical intervention.

I am satisfied with the information I have been provided (verbal, written or otherwise) by my trainer on the effects I can expect during my NeuroOptimal[®] training and my questions have been answered to my satisfaction. I understand that it is not possible to predict what my central nervous system will do with the information it is offered and consequently there can be no guarantee as to the results of my training.

I agree to cease training if I am less than happy with the results I am getting. I understand NeuroOptimal[®] is purely a source of information and does not direct the response of the central nervous system. Consequently I agree to not hold Zengar Institute Inc or any of its users and trainers responsible for a less than desired outcome or any outcome that may be considered negative.

Your Signature

Today's Date

Your Printed Name

NeuroOptimal Questionnaire Form



Patient Name: _____ DOB: _____

Questions for Depressed Mood:

	In the past 2 weeks	Never	Some of the time	Less than 1/2 of the time	More than 1/2 of the time	Most of the time	Always
1	I have felt cheerful and in good spirits	0	1	2	3	4	5
2	I have felt calm and relaxed	0	1	2	3	4	5
3	I have felt active and vigorous	0	1	2	3	4	5
4	I awoke feeling fresh and rested	0	1	2	3	4	5
5	My daily life has been filled with things that interest me	0	1	2	3	4	5
6	I have a good appetite and am satisfied by my meals	0	1	2	3	4	5
7	I have been able to concentrate on things such as reading	0	1	2	3	4	5
8	I feel successful and do not feel as though I have let anyone down	0	1	2	3	4	5
9	I have thoughts of hurting myself or wanting to die	0	1	2	3	4	5
Total		_____	+ _____	+ _____	+ _____	+ _____	+ _____

Questions for Anxiety:

	In the past 2 weeks	Never	Some of the time	Less than 1/2 of the time	More than 1/2 of the time	Most of the time	Always
1	I am feeling nervous, anxious, or the edge	0	1	2	3	4	5
2	I am able to stop or control feeling worried	0	1	2	3	4	5
3	A significant amount of my time is spent worrying	0	1	2	3	4	5
4	I feel relaxed	0	1	2	3	4	5
5	I am able to sit still without feeling restless	0	1	2	3	4	5
6	I am easily annoyed or irritable	0	1	2	3	4	5
7	I am afraid that something awful will happen	0	1	2	3	4	5
Total		_____	+ _____	+ _____	+ _____	+ _____	+ _____

NeuroOptimal Questionnaire Form



Questions for Sleep Difficulties:

	In the past 2 weeks	Never	Some of the time	Less than 1/2 of the time	More than 1/2 of the time	Most of the time	Always
1	It is difficult for me to fall asleep	0	1	2	3	4	5
2	It is difficult for me to stay asleep	0	1	2	3	4	5
3	I have problems waking up too early	0	1	2	3	4	5
4	I am satisfied with my current sleep pattern	0	1	2	3	4	5
5	It is noticeable to those around me that sleep problems impair the quality of my life.	0	1	2	3	4	5
6	I am worried about my current sleep problem.	0	1	2	3	4	5
7	My sleep problems interfere with my daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.)	0	1	2	3	4	5
Total		_____	+ _____	+ _____	+ _____	+ _____	+ _____

Fill in Additional Symptoms:

	List Any Additional Symptoms You May Be Experiencing:	Never	Some of the time	Less than 1/2 of the time	More than 1/2 of the time	Most of the time	Always
1		0	1	2	3	4	5
2		0	1	2	3	4	5
3		0	1	2	3	4	5
4		0	1	2	3	4	5
5		0	1	2	3	4	5
Total		_____	+ _____	+ _____	+ _____	+ _____	+ _____

Physician Signature: _____ Date: _____