Center for Integrative Care
a Mancini Acupuncture company

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Brain Mapping & Neurofeedback Initial Visit Form

Date:_____

Patient Name: _____

If under 18yrs old, Guardian Name: _____

Address: _____

City: _____ State: _____ Zip:_____

Telephone: Home: _____

Cell: _____ Carrier:Verizon, Sprint, etc. _____

Work: _____

E-Mail Address: _____

Birth Date:_____ Marital Status: _____ Sex: M F

Social Security #:_____ Right Handed / Left Handed (circle)

Referred By: _____

Medications:_____

_____

_____

Individual Responsible For Payment: _____

In Case Of Emergency Contact: _____

Phone: _____ Relationship: _____

Brain Mapping & Neurofeedback Initial Visit Form Continued

What is your major complaint:_____
_____

Date of onset:_____

What are the factors that make your complaint worse?:_____

_____

_____

What are the factors that make your complaint better?:_____

_____

_____

Are there any additional signs and symptoms?:_____

_____

History of traumatic brain injury?_____ If so, when?:_____

Please list your current medications:_____

_____

_____

Office Policies

- **CFIC offers a limited scope of services as it relates to QEEG Brainmapping, Neurofeedback sessions and dealing with subconscious beliefs. We DO NOT do counseling or offer other psychological services.**
- Patients will be charged for missed appointments (within 24 hours) Appointments can be cancelled by leaving a message on the voicemail system or speaking with a member of the office staff. When you cancel appointments with a reasonable notice we can better accommodate other patients.
- We require that you be here 10 minutes before appointment or on time of scheduled appointment. If you are 10 minutes late we will refuse to see patient due to scheduled appointments after yours. When you are late, this runs into another patients scheduled appointment, your session time will be reduced in order to keep the schedule on time.
- All programs must be paid in advance. No payment plans (unless special arrangements are made by Dr. Mancini.)
- Personal and financial commitment to the program is important to your success. Consistency in training will create better results. No refunds will be issued for unused sessions. Depending on the package purchased, normal time allowed to use the sessions: 20-session package must be completed within 90 days; 50-session package must be completed within 8 months. If sessions are not completed during the appropriate time period, remaining sessions may expire.

I have read and understand the office policies

Patient Signature: _____

(Guardian's Signature if under 18yrs old)

Date: _____