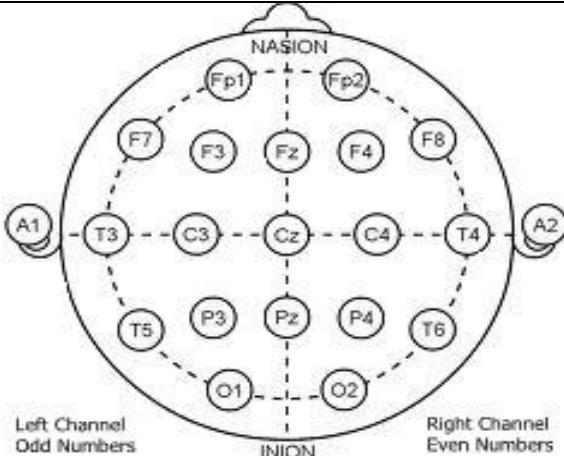


# Neurofeedback Session Chart

## Patient Details

<b>Patient Name:</b>			
<b>D.O.B:</b>		<b>Mapping Date:</b>	

## Session Details

10-20 Treatment Locations		Media Used	Start Time:	Stop Time:	Reward %
	<b>1</b>	<b>Date:</b>			
	<b>2</b>	<b>Date:</b>			
	<b>3</b>	<b>Date:</b>			
	<b>4</b>	<b>Date:</b>			
	<b>5</b>	<b>Date:</b>			
	<b>6</b>	<b>Date:</b>			
	<b>7</b>	<b>Date:</b>			
	<b>8</b>	<b>Date:</b>			
	<b>9</b>	<b>Date:</b>			
	<b>10</b>	<b>Date:</b>			

<b>Type of Session:</b>	<b>Optimizer:</b> <input type="checkbox"/>	<b>NI Design:</b> <input type="checkbox"/>	<b>Mapping Protocol:</b> <input type="checkbox"/>	<b>Alpha/Theta:</b> <input type="checkbox"/>
<b>Protocol:</b>	<b>Left Frequency:</b>	<b>Right Frequency:</b>	<b>Location:</b> /	

<b>Glasses Color:</b>	Blue: <input type="checkbox"/>	Green: <input type="checkbox"/>	Yellow: <input type="checkbox"/>	None: <input type="checkbox"/>	Other: <input type="checkbox"/>
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Eyes Open: <input type="checkbox"/>	Eyes Closed: <input type="checkbox"/>
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<b>Session Time:</b>	30 min. <input type="checkbox"/>	Other: <input type="checkbox"/>
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## Session Notes

Date:	Detailed Notes of Session:

Extra Notes:

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