

Client Name _____

Age _____

Date _____

Brain Assessment Form

Dominant Traits *(Circle your Response)*

Left Hand Right Hand

Left Foot Right Foot

Left Eye Right Eye

Left Ear Right Ear

Left Brain Right Brain

Emotions Left Right Both

Logic Left Right Both

Modes Assessment *(Use numbers to get a percent)*

Intuition Base _____ Result _____

Touch Base _____ Result _____

Sight Base _____ Result _____

Action Base _____ Result _____

Analytical Base _____ Result _____

Logic Base _____ Result _____

Speech Base _____ Result _____

Sound Base _____ Result _____

Breath Base _____ Result _____

Eyes

Eyes Up Strong Weak

Eyes Down Strong Weak

Eyes Left Strong Weak

Eyes Right Strong Weak

Reading

Right Brain Strong Weak

Left Brain Strong Weak

Cross Hemisphere Balance

strong weak

Peripheral Vision *(Up to 180)*

Range Before _____ Range After _____

Attitudes/Thoughts *(Get a percent)*

Baseline Positive _____ Baseline Negative _____

Results Positive _____ Results Negative _____

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Brain Assessment Form

When was the imbalance created? (Chart 4)

Hands

Feet

Eyes

Ears

What negative emotions formed as a result? (Chart 6A and/or 6B)

Hands

Feet

Eyes

Ears

What positive emotions were applied? (Chart 7A and/or 7B)

Notes: