

# The 90 Day Journey:

---

This is the beginning of the process of bringing lasting change and real results to your life. So we thank you in advance for being thoughtful and reflective as you work through the questions below.

We have seen great results in over 1,700 clients of all ages over the past 30 years.

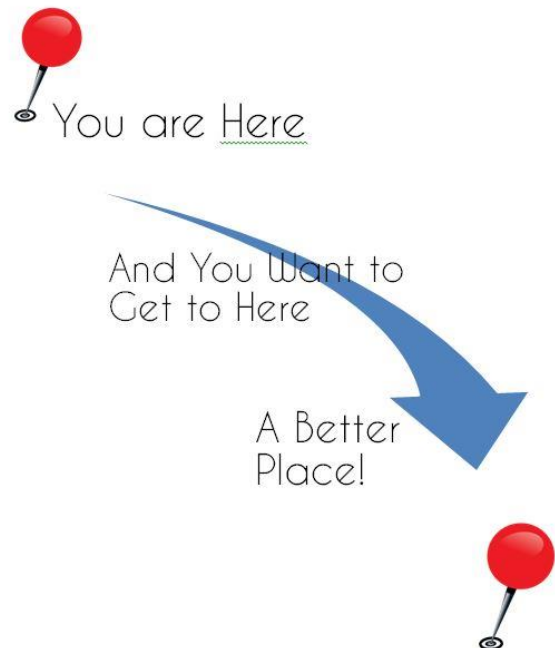
This process usually takes about 90 days to discover and identify:

- (1) what needs to be changed, and
- (2) then to change and optimize the way your brain functions, and
- (3) learn the skills and new habits to make those changes a long-lasting part of your life.

Powerful “high performance” neurofeedback services are a part of what we do for our clients at our office. This is a tremendous opportunity for you to get these services without having to drive to Los Angeles or Beverly Hills for treatment.

Neurofeedback gently helps our brains to get “unstuck” from bad habits, becoming more flexible, peaceful, and focused. Using high performance neurofeedback can cut the usually expected length of treatment by 40% or more – saving you both time and money – and getting you to your goals much faster.

Let’s get started!



# The 90 Day Journey:

---

The next 90 days could be the most important three months of your life!

*Our first question for you is simply,*

Over the next 90 days, what do you want to accomplish together?

What is your “vision” for your future? What are your hopes and dreams?

# The 90 Day Journey:

---

*One of our favorite sayings here is both simple, and powerful:*

**Your PERFORMANCE = Your Potential -- The Interference in Your Life**

Whether you are an athlete, or a professional business man, or a child with ADHD, or someone suffering from the pain of depression or anxiety – this simple formula holds true. Your “performance” today will equal your “potential,” minus the “interference” in your head, or in your life.

You can work either side: you can actually increase your potential, and you can identify and decrease the “interference” in your life. And for now, let’s call this “interference” the “challenges” in your life.

What are the biggest challenges in your life, or school, or business?

What has it cost you up to this point in your life to have this “interference” ?  
What have you lost ? What have you missed out on ?

*Thank you for being so very thoughtful as you work through these questions.  
There are just a few more:*

Are you currently under a doctor's care for any condition?

Are you currently prescribed any medications? Please list if any.

Do you have a history of dealing with depression or anxiety?

Do you have a history of trauma, car accidents, or head injuries?

Great job! Thank you for taking the time to carefully think through the answers to these questions! There will be more questions that Dr. Doug Cowan will ask you face to face when the two of you meet together.

Now, please complete the standard office "in-take information" below, and bring all of these forms with you to your first meeting with Dr. Cowan.

# New Client Information

---

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Soc Sec # : \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Insured Parent or Guardian (if client is a minor):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Soc Sec # :** \_\_\_\_\_

May our office communicate to you via **text** messages?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Confidentiality:** Everything that we discuss in our session is "confidential," with three exceptions which are important for you to understand:

- (1) anything having to do with **Child Abuse**, or with **Elder Abuse**, even if it is just suspected, must be reported by any **mandated reporter**, including Dr. Cowan;
- (2) If any client intends to **harm himself** or herself, authorities must be notified;
- (3) If any client intends to **harm someone else**, authorities must be notified.

This form if signed by a parent or guardian gives Dr. Douglas Cowan permission to treat the minor child named above. If there is a shared or joint custody situation, only one parent must sign, but both parents are entitled to be updated unless this would not be in the best interest of the minor/child.

*I have read the above information and agree to the terms and conditions:*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Office Fees and Payment Policies

---

\$180 ➔ **\$140** per Appointment with Dr. Cowan

**SPECIAL  
OFFER**

**Limited Time offer. You must schedule before October 30 to receive this discounted rate! Call today to get started!**

Included in the fee for every 55 minute appointment:

- Counseling and Psychotherapy,
- **High Performance Neurofeedback treatment included,**
- TOVA testing as needed,
- Nutritional Education as needed,
- Performance and Efficiency Coaching.

In this special time-limited offer, **our High Performance “Direct” Neurofeedback treatments are included in our appointment fees.**

We normally charge \$180 per HPN session. Other providers in California charge up to \$240 per 30 minute treatment for this one treatment service alone. But we very much want you to be able to try it, and benefit from it. We have seen this treatment change people’s lives.

Payments are due and payable when services are rendered. We will keep your credit card on file and charge it for your sessions when we do our billing, which is about twice per month. Please be sure to put the funds aside in your account to cover these costs.

If you would like our office to submit a claim to your primary insurance company we can do this electronically for you immediately after we have charged your credit card or received your check. Just give us a copy of your insurance card. We are not responsible for whether or not your insurance carrier will reimburse you.

Initial Here:

\_\_\_\_\_

# Other Office Fees and Policies:

---

Additional services such as writing letters or reports are billed at ~~\$160/hour~~ \$140/hour plus any expenses. The fees will be charged to your credit card.

We often recommend the Test of Variables of Attention (TOVA) to get a “baseline” of functioning for CNS related problems such as ADHD, head injuries, anxiety, and more. It measures concentration, focus, and neurological reaction time. By getting a “baseline” in neurological functioning as we begin treatment, we can then re-administer the TOVA at a later date and see if the treatment is actually working or not.

We normally charge extra for this TOVA testing, but in this treatment bundle that we are offering for September, any and all TOVA testing, and test scoring and interpretation, is included in the price of ~~\$160~~ \$140 per appointment with Dr. Cowan. Taking the test counts as an appointment.

## ***Missed Appointments or Late Cancellations:***

**Missed Appointments or Late Cancellations are charged to your credit card at \$75**, as we have set aside that hour in our calendar for you. Please be sure to call **at least 36 hours in advance** if you cannot make your appointment so that we can schedule and see someone else during that time. If you are sick, please stay home - we won't charge you.

## ***Court Appearances:***

Court appearances, for any reason, are billed for an entire day as we have to cancel all of the scheduled appointments for that day, and reschedule all of those clients. This is disruptive to lots of people. Appearances at court are billed at \$1,200.00 per day whether Dr. Cowan actually has to testify or not. This fee will be charged to your credit card one week in advance of the court date – no refunds.

***This is a contract for services.*** I have read the above terms and fee schedule and agree to the terms, conditions, and fees. I understand that I am personally financially responsible for the fees for services and I agree to pay for these services in full at the time services are rendered unless other arrangements are made – and always within 30 days. I understand my insurance coverage is a separate contract between myself and my insurance company that does not involve Dr. Cowan. I agree to keep a current credit card on file to pay for the services received.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# New ADHD Products Available for Parents



**101 Classroom Interventions** – the eBook in PDF format is now available for **only \$3.97**.

This is our Elementary School edition, and will definitely help your ADHD student in school.

By Dr. Douglas Cowan, Psy.D.

<https://www.success.adhd.la/order-form8p2g9fqr>

The **ADHD Diet and Eating Program** – an eBook in PDF format is now available for **\$20** at <http://ADHDDiet.info>. It is about 40 pages of information on what not to eat, and what to eat to optimize brain performance now and for years to come – and step by step how to implement the eating program.

By Dr. Douglas Cowan, Psy.D.

## “Success with ADHD”

- ✓ Weekly Video Training
- ✓ Monthly Live Webinars
- ✓ Exclusive Resources
- ✓ Amazing Value!

Expert instruction from the convenience of your home or office.

- ✓ What you will Learn:
- ✓ What ADHD is, and is not
- ✓ The Different Types
- ✓ Best Treatment Options
- ✓ Alternatives that Work
- ✓ Parenting Tips, Ideas
- ✓ And much more in this 18 month training...



Our “Success with ADHD” parent training program is an 18 month online program. Receive videos every week on a variety of topics focused on ADHD. Members are also invited to monthly live webinars for in-depth training.

By Dr. Douglas Cowan, Psy.D.



This small monthly subscription fee of \$37 per month can

save you hundreds of dollars. Use it to supplement your sessions with Dr. Cowan. And please share this opportunity with your friends. The price for new members will increase to \$97 per month beginning January 1, 2018.

Learn more or get started at: <https://www.success.adhd.la/sales-pagett3anofn>



# Electronic Payment Authorization

---



**Credit Card Holder Information:** Please Print Clearly

Type of Card (circle one)      Visa      MasterCard      Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      CVV or Security Code: \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

Address for Credit Card: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

I authorize the fees for the services provided by Douglas Cowan, Psy.D., MFT to be charged to the credit card or deducted from the debit card listed above. I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service, all charges, and all services provided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Terms of Service Agreement

---

These terms of service govern both your access to and use of our services either at our counseling offices, in our community, via electronic communications, or on our websites. Your access to and use of our services are conditioned on your acceptance of and compliance with these Terms.

I understand that Douglas Cowan, Psy.D., M.S., is a licensed Marriage and Family Therapist (M24381) providing professional counseling services in the State of California. He has been licensed since 1988. I understand that Cowan also provides Neurofeedback services to those who request these services from him. From time to time he may offer nutritional suggestions, educational suggestions, or other ideas that may help people to be more successful in their relationships, at school, work, or at home.

This process of counseling, psychotherapy, coaching, or neurofeedback therapy can result in a number of benefits to you, and to others. Sometimes during this process memories of unpleasant events, or unpleasant feelings may arise causing discomfort. Change is sometimes easy, sometimes fast, or sometimes slow and even frustrating. You have the right to terminate services from Dr. Cowan at any time, and he will certainly assist you in finding another professional if requested.

Any disputes that might arise out of or in relationship to this agreement to provide services shall first be referred to mediation, and any costs of such mediation shall be split between parties unless other agreements made.

I give permission to Douglas Cowan to email me his monthly newsletter with resources or articles that he has written that he believes might be helpful to me or my friends.

I understand that Douglas Cowan also serves at *"The Living Room Ministry"* in Tehachapi, and also provides ministry consulting services to other local churches in Tehachapi. He will always seek to work and live according to the tenants of his faith based upon his understanding of the Bible. His faith makes him an optimist, believing that it is the heart of God to make "all things new!" He is always happy to discuss matters of faith with people, and he is available to pray with those who request prayer.

I agree to the Terms of Service

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CNS Functioning

---

How often in the past month, or in the past 24 hours, have you experienced problems in the listed areas? Use a scale of 0 to 10 – with 0 being “not at all” and 10 being “all the time.”

Also please indicate if either one of your parents had the same problems with “yes” or “no.”

|   | Past Month | Past 24 Hrs | Parents |
|---|------------|-------------|---------|
| Light or Lights can really bother me          | _____      | _____       | _____   |
| I have problems with my sense of smell        | _____      | _____       | _____   |
| I have problems with my vision                | _____      | _____       | _____   |
| I have problems with my hearing               | _____      | _____       | _____   |
| I have problems with my sense of touch        | _____      | _____       | _____   |
|   |            |             |         |
| I have sudden, unexplained mood changes       | _____      | _____       | _____   |
| I have sudden, unexplained fearfulness        | _____      | _____       | _____   |
| I have unexplained times of depression        | _____      | _____       | _____   |
| I have unexplained times of anxiety or panic  | _____      | _____       | _____   |
| I have unexplained times of elation           | _____      | _____       | _____   |
| I have unexplained explosiveness              | _____      | _____       | _____   |
| I have problems with being irritable          | _____      | _____       | _____   |
| I have times of being suicidal                | _____      | _____       | _____   |
|   |            |             |         |
| I have problems with endurance, stamina       | _____      | _____       | _____   |
| I get very fatigued during the day            | _____      | _____       | _____   |
| I have problems falling asleep at night       | _____      | _____       | _____   |
| I wake up often during the night              | _____      | _____       | _____   |
| I have trouble getting back to sleep          | _____      | _____       | _____   |
| I often wake up very early in the morning     | _____      | _____       | _____   |
|   |            |             |         |
| I have paralysis in one or more limbs         | _____      | _____       | _____   |
| It is hard to focus my eyes on things         | _____      | _____       | _____   |
| Head pain that is steady, constant            | _____      | _____       | _____   |
| Head pain that is throbbing                   | _____      | _____       | _____   |
| Shoulder or neck pain                         | _____      | _____       | _____   |
| Pain in the wrists, or knees, or other joints | _____      | _____       | _____   |
| Other significant pain:                       | _____      |             |         |

|   |       |       |       |
|---|-------|-------|-------|
| Problems with nausea                          | _____ | _____ | _____ |
| Problems with speech or articulations         | _____ | _____ | _____ |
| Problems with dizziness                       | _____ | _____ | _____ |
| Tinnitus, or noise in the ears                | _____ | _____ | _____ |
|   |       |       |       |
| I have problems making relationships          | _____ | _____ | _____ |
| Problems keeping relationships                | _____ | _____ | _____ |
| Problems keeping jobs                         | _____ | _____ | _____ |
| Problems with school grades                   | _____ | _____ | _____ |
| Problems driving a car                        | _____ | _____ | _____ |
|   |       |       |       |
| I have problems with alcohol                  | _____ | _____ | _____ |
| I have problems with street drugs             | _____ | _____ | _____ |
|   |       |       |       |
| I cannot think clearly because of "brain fog" | _____ | _____ | _____ |
| I have problems following conversations       | _____ | _____ | _____ |
| My thinking gets confused                     | _____ | _____ | _____ |
| I have problems following what I am reading   | _____ | _____ | _____ |
| I have problems paying attention              | _____ | _____ | _____ |
| I have problems with the sequence of things   | _____ | _____ | _____ |
|   |       |       |       |
| Problems with prioritizing                    | _____ | _____ | _____ |
| Problems not finishing what I start           | _____ | _____ | _____ |
| Problems not organizing room, office, work    | _____ | _____ | _____ |
| Problems with day dreaming                    | _____ | _____ | _____ |
| Can't remember what I was just told           | _____ | _____ | _____ |
| I have no idea what I just read               | _____ | _____ | _____ |
|   |       |       |       |
| I have problems with concentration            | _____ | _____ | _____ |
| I forget what I have just heard               | _____ | _____ | _____ |
| I forget what I am doing, or need to do       | _____ | _____ | _____ |
| I lack initiative or motivation or ambition   | _____ | _____ | _____ |
| I procrastinate doing important things        | _____ | _____ | _____ |
| I have problems learning from experiences     | _____ | _____ | _____ |

# Some Information About Neurofeedback

---

**Keywords and phrases to Google for more information.** There are YouTube videos too.

- Direct Neurofeedback, or Clarity Direct Neurofeedback;
- David Dubin, MD (owns Clarity Direct Neurofeedback);
- LENS Neurofeedback, or Low Energy Neurofeedback System;
- Lens Ochs, PhD (owns LENS Neurofeedback);
- HPN Neurofeedback, or High Performance Neurofeedback
- Fred Willis (High Performance Neurofeedback)

Direct Neurofeedback is a “biofeedback” tool. As powerful as it is, we do not promote it as a cure for any medical condition or psychological condition. After over 180,000 people receiving treatment with “Direct Neurofeedback,” or “HPN neurofeedback,” or “LENS neurofeedback” around the world, **most have reported improved functioning in mood, anxiety, depression, cognition, movement, and energy levels.** We are very positive about its benefits. There are about 800 professionals providing NF services around the world. Most are physicians, psychologists, or psychotherapists.

Clients have reported improvements with their symptoms of :

- Anxiety, worry, or panic;
- Asperger’s Syndrome (especially the anxiety and over-focus);
- ADHD
- Mild to Moderate symptoms of Depression, Sadness, or Grief;
- Anger, explosiveness, irritability from PTSD;
- Head injuries and concussions
- Fibromyalgia or Chronic Fatigue Syndrome
- Chronic Pain generated in the limbic system

Clients often notice effects of neurofeedback treatment during, or immediately after a session. Sometimes our clients notice effects from the treatment a few hours after. Rarely someone might not feel the effects until the next day. Initial improvements often last for a few hours to a few days, as the brain is adjusting and seeking a “new normal.” With additional sessions the improvements last longer, and will finally “endure.” Our clients can expect to experience these improvements:

- A greater sense of calm and clarity;
- More energy and a sense of optimism;
- A sense of wellbeing and greater peace.

Initial Here:

\_\_\_\_\_

Sometimes the brain will “over-react” to the treatment and the changes that it brings. This “over stimulation” usually brings the mild side effects of feeling:

- Tired, or foggy, or even clumsy;
- Wired, or giddy, or really happy, or even anxious;
- Lightheaded;
- Slight pressure in the head, and perhaps a mild headache;
- And as the para-sympathetic nervous system is activated, the gut will respond with activity and rarely even nausea.

These mild symptoms are common, are always temporary, and are actually a positive sign that your brain is responding to the feedback.

My own experience of being “over stimulated” in my treatment caused me to feel “brain fog” and clumsy with my fine motor skills (like reaching for a cup of coffee) for about two hours. But after it cleared up I felt amazingly focused, aware, and alert for about a week. And in all of my following sessions I have been careful to not be “over stimulated.” I have found the sense of clarity from treatment to be remarkable.

Just to be careful with this powerful technology, we need to know ahead of treatment if you have experienced migraine headaches or seizures.

**The treatment session itself doesn’t require much from you. We simply need you to sit and pay attention to how you feel. We are looking for a change in how you feel as a marker that you are responding to the mild stimulation – feeling more relaxed, more insightful, more anxious or tense, more content – whatever changes you might feel. That’s when we know that you have received enough for that session and we stop. Simple. And sometimes amazing.**

We look forward to answering your questions, and working together with you in the neurofeedback therapy.

Initial Here:

\_\_\_\_\_