

# The 90 Day Journey:

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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.

You are here because you are interested in beginning your work with Dr. Douglas Cowan as your professional therapist, HPN neurofeedback provider, and coach, or mentor.

We have seen great results in over 1,500 clients of all ages who have worked with Dr. Doug Cowan over the past 30 years.

This process of change usually takes about 90 days to identify what needs to be changed, and then learn the skills and new habits to make those changes a long-lasting part of your life.

Powerful 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 driving to Los Angeles. 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:

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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:

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*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

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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

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**\$140    Your First Appointment**

**\$180    60 Minute Standard Treatment Session**

*includes counseling and neurofeedback treatment*



**\$140**

**For the Counseling or Psychotherapy with Dr. Cowan During the Session Together**

*This portion of the total fee is for counseling and psychotherapy with Dr. Cowan. This part of the total fee has to do with Dr. Cowan's time spent face to face with you, and can be submitted to your insurance company for possible reimbursement to you as "psychotherapy" services. During appointments where no neurofeedback services are provided, you will only be charged for the counseling time at \$140.00.*



**\$ 40**

**For the Neurofeedback session, materials, cost of system operation**

*This portion of the total fee covers the costs of providing the neurofeedback treatment. This part of the over-all fee is for the cost on working capital, materials, software costs, and interest. There is no "mark up" or "profit" added. This is "at cost."*

## **Other Services Offered:**

**\$140    55 Minute Counseling Only**

**\$1400    Package of 10 Neurofeedback Treatments**

**\$160    TOVA Test Administration, Scoring, Basic Report**

**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. **We will need your insurance information**, usually just a copy of your card, your birthday, and social security number. We only submit for the counseling services with Dr. Cowan, not for the neurofeedback. Expect a check in 30 days. We are not responsible for whether or not your insurance carrier will reimburse you.

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# Other Office Fees and Policies:

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## ***Tests or Reports Are Also billed at “Time + Costs”***

**Additional services such as testing, writing letters or reports, are billed at \$140/hour plus any actual 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 charge \$20 for each TOVA test, plus your regular appointment fee of \$140 for the hour with Dr. Cowan, for a total charge of \$160 per test.** This \$20 charge covers our costs for each test administration that we pay to the test developer. Addition fees would accrue if you would like a written report beyond what the excellent software generates.

## ***Missed Appointments or Late Cancelations:***

**Missed Appointments or Late Cancelations are charged to your credit card at \$70,** 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. If sick, 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: \_\_\_\_\_

# Electronic Payment Authorization

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**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

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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 as a Pastor 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

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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

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**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:

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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, as there is a *theoretical* possibility of a flare-up after treatment. That’s not something that I would want, so I would probably not want to give you neurofeedback treatment until we send you to David Dubin, MD in West Los Angeles for a consultation and second opinion.

**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.**

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

Initial Here:

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