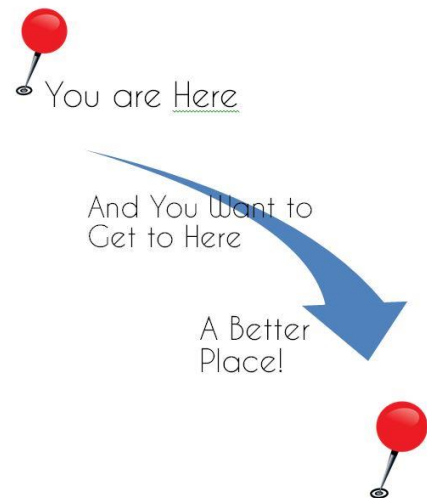


Your Journey Toward a Bigger Future:

Welcome to one of the most advanced “counseling practices” in California or Arizona, providing our clients with expert counseling, coaching, advanced neurofeedback treatment, and brain performance screenings to track improvement. And all nestled away in beautiful Bear Valley Springs, and on the golf courses of Scottsdale, AZ.

First, we will help you to identify what really needs to be improved, and then change and optimize the way your brain, nervous system, habits and relationships function. Then you will learn new habits to make these changes a long-lasting part of your life.



Powerful neurofeedback treatments are included in the services that we provide to our clients. We use excellent CalmWaves Direct Neurofeedback technology and the advanced Peak Achievement Trainer (PAT) to increase focus, attention, alertness, and situational awareness.

Direct Neurofeedback gently helps our brains to get “unstuck” from bad habits (and bad brain-wave patterns), becoming more flexible, peaceful, focused, productive, and can help you to reach your goals much faster.

The Peak Achievement Trainer has been used in a variety of settings including West Point Military Academy and US Olympic Training Center, David Ledbetter’s Golf Academy in Florida and PGA Tour golfers, and several universities studying human performance. “Peak performance training” enhances focus, alertness, attention, performance, and happiness.

And your progress along the way can be measured and tracked using brain assessment tools from Cambridge Brain Sciences of Toronto, Canada, and the Test of Variables of Attention (TOVA) developed at University of Minnesota. It’s like having a “brain audit” every few months to see how progress is going. These state-of-the-art tools are available to all of our clients at no additional charge, and are included in our treatment fees.

Douglas Cowan, Psy.D., L.M.F.T. is licensed in California and Arizona.

Your Journey:

The next 100 days could be
the most important of your life!

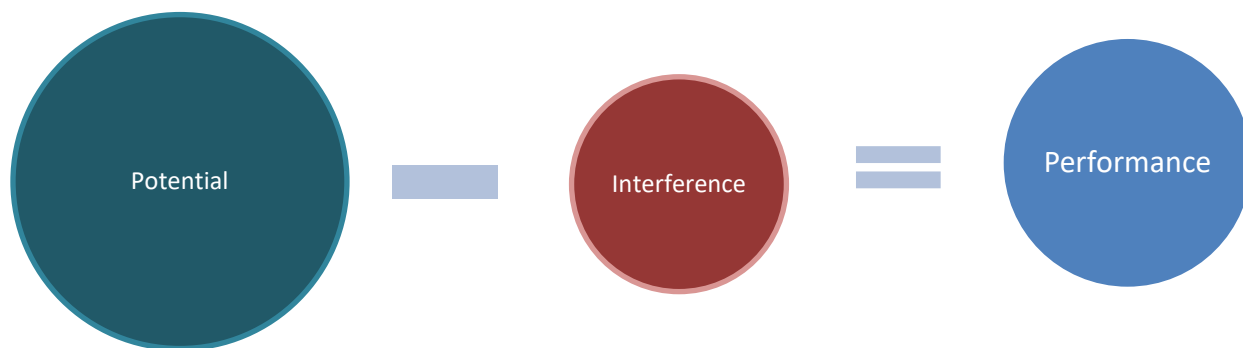
Over the next 100 days, what do you want to accomplish together?

What is your "vision" for your future? What are your wishes, hopes, and dreams? What would a "Bigger and Better Future" look like to you?

Your Journey:

Here is a KEY concept that is both simple, and powerful:

Your PERFORMANCE = Your Potential minus The Interference in Your Life



Whether you are an athlete, or a professional businessman, 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 is the "interference" holding you back?

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?

If you were having this discussion three years from today, and you were looking back over those three years, what has to have happened in your life, both personally and professionally, for you to feel happy with your progress?

Specifically, what interference or dangers do you have now that need to be reduced or eliminated? What opportunities need to be captured? What strengths do you possess that need to be capitalized on and maximized?

To make you happy, what must happen Personally?

To make you happy, what must happen Professionally?

Dangers or Interference:

Opportunities:

Strengths:

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. 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: _____

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 Douglas Cowan, Psy.D., LMFT 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

Each session is \$200.00 and is payable at the time services are rendered.

Our Treatment and Training Process Includes:

- Counseling and Coaching with Dr. Douglas Cowan, Psy.D., M.S., LMFT;
- CalmWaves Direct Neurofeedback technology to reset and optimize;
- Enhanced Brain Performance Training with the Peak Achievement Trainer (PAT);
- Brain Performance Assessments with Cambridge Brain Science technology;
- Brain Performance Assessments with the Test of Variables of Attention (TOVA);
- Nutritional Education, Performance and Efficiency Coaching;
- Office Sessions are about 55 minutes long;
- Phone consultations are also available by appointment.

We use assessments of cognitive functioning (we track progress with brain games) provided by Cambridge Brain Sciences of Toronto, Canada. We have already subscribed to their excellent services, and so you, as our client, will never be charged for taking these assessments.

INSURANCE CLAIMS: 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 your insurance information below, and we’ll provide this service for you.

We are not responsible for whether or not your insurance company will reimburse you. We do not submit claims to “secondary” insurance companies.

Initial Here: <hr/>

Other Office Fees and Policies:

Additional services such as writing letters or reports are billed at \$200/hour plus any expenses.

Missed Appointments or Late Cancelations are charged to your credit card at ½ your hourly rate, as we have set aside that hour in our calendar for you. Please be sure to call at least 24 hours in advance if you cannot make your appointment so that someone else can use that time.

Please, if you are sick and contagious, please stay home - we won't charge you.

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 \$1,800.00 per each day required, 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.

We usually do our billing weekly, and we will charge your credit card as necessary to zero balance your account at the end of each month. Please understand, even if we are using your insurance benefits to help pay for your sessions, if we haven't received their reimbursement checks by the end of the month we will charge your credit card for the balance owing, and then either carry a balance, and apply those insurance payments to the charges incurred in the following month, or hand you a check for that balance.

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



Credit Card Holder Information: Please Print Clearly

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ CVV or Security Code: _____

Address for Credit Card: _____

City, State, Zip Code: _____

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: _____

Insurance Policy Information: Only if You Want Us to Submit a Claim

Your PRIMARY Insurance Company Name: _____

Address: _____

Phone Number: _____

PRIMARY Insured's Name : _____

PRIMARY Insured's Address: _____

PRIMARY Insured's Date of Birth: _____ Phone: _____

PRIMARY Insured's ID NUMBER: _____

PRIMARY Insured's POLICY OR GROUP: _____ PLAN NAME: _____

PRIMARY Insured's EMPLOYER: _____

IS THERE ANOTHER HEALTH BENEFIT PLAN? () YES () NO

If "YES" then we need to know this information to submit the claim for you...

SECONDARY Insured's Name: _____

SECONDARY Insured's Address: _____

SECONDARY Insured's Date of Birth: _____ Phone: _____

SECONDARY Insured's ID NUMBER: _____

SECONDARY Insured's POLICY OR GROUP: _____ PLAN NAME: _____

SECONDARY Insured's EMPLOYER: _____

We do NOT submit claims to the SECONDARY insurance company, only to the PRIMARY company, but we still need the information for the PRIMARY claim forms.

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 in both California and Arizona. 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. Please let us know as this happens.

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 email newsletter with resources or articles that he has written that he believes might be helpful to me. I give permission to Douglas Cowan to text me or phone me for communication as necessary.

I understand that Douglas Cowan has been in ministry in Tehachapi in a variety of positions since 1998. His radio program "The Living Room" is heard on 88.3 "Life FM" on Sunday evenings, and he is a Board member for that radio station. 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: _____

Please complete these rating scales

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.”

	Past Month	Past 24 Hours	
I have “brain fog”	_____	_____	[PFC]
I am often sad or depressed	_____	_____	
I am easily distracted	_____	_____	
I have problems with focus/concentration	_____	_____	
I have short term memory issues	_____	_____	
I have one or more addictions	_____	_____	
I can be very impulsive	_____	_____	
I am often late for appointments	_____	_____	
I am not as motivated as I used to be	_____	_____	
I am more stressed than in the past	_____	_____	[TEMP]
I have problems with my anger	_____	_____	
I am often irritable	_____	_____	
Sometimes I feel paranoid	_____	_____	
I can feel “spaced out” and can’t explain it	_____	_____	
I have problems with my hearing	_____	_____	
My memory isn’t as good as it once was	_____	_____	
Hearing or smelling things that aren’t there	_____	_____	
I feel like I’m having seizures or similar	_____	_____	
Light or Lights can really bother me	_____	_____	[STEM]
I have problems with my sense of touch	_____	_____	
I’m having sleep problems	_____	_____	
Dizziness or migraine headaches	_____	_____	
It’s worse if I’m reading or looking at a screen	_____	_____	
I have unexplained times of anxiety or panic	_____	_____	
I have problems with endurance, stamina	_____	_____	[SLEEP]
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	_____	_____	

It is hard to focus my eyes on things	_____	_____	[TBI-PCS]
Head pain that is steady, constant	_____	_____	
Problems with nausea	_____	_____	
Problems with speech or articulations	_____	_____	
Problems with dizziness	_____	_____	
Tinnitus, or noise in the ears	_____	_____	
I have sudden, unexplained mood changes	_____	_____	[MOOD]
I have sudden, unexplained fearfulness	_____	_____	
I have unexplained times of depression	_____	_____	
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 making relationships	_____	_____	
Problems keeping relationships	_____	_____	
Problems keeping jobs	_____	_____	
Problems with school grades	_____	_____	
Problems driving a car	_____	_____	
I cannot think clearly because of "brain fog"	_____	_____	[ADHD]
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	_____	_____	

Information About “Direct Neurofeedback”

Direct Neurofeedback is a “biofeedback” technology. As powerful as it is, we do not promote it as a cure for any medical condition or psychological condition.

Over 300,000 people have received treatment with “Direct” or “High Performance” Neurofeedback and nearly 90% have reported improved functioning in mood, anxiety, depression, cognition, movement, and energy levels. Dr. Cowan is one of only 800 physicians, psychologists, or psychotherapists providing DNF services around the world.

Clients have reported improvements with their symptoms of :

- Anxiety, worry, or panic;
- Asperger’s Syndrome (especially the anxiety and over-focus);
- ADHD
- Symptoms of Depression, Sadness, or Grief;
- Anger, explosiveness, irritability from PTSD;
- Head injuries and concussions
- Fibromyalgia or Chronic Fatigue Syndrome
- Performance, Focus, Clarity, Efficiency, Effectiveness

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.

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, or Slight pressure in the head, and perhaps a mild headache;
- And as the para-sympathetic nervous system is activated, the gut may respond with activity and rarely even nausea.

These mild symptoms are NOT common, are always temporary, and are actually a positive sign that your brain is responding to the feedback.

The treatment session itself doesn’t require much from you. You simply relax in a chair 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, warmer hands or feet, 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.

Keywords for a Google or YouTube search:

Low Energy Neurofeedback, LifeStream Direct Neurofeedback, High Performance Neurofeedback, Len Ochs, David Dubin, The Dubin Clinic in Los Angeles, IASIS Microcurrent Neurofeedback in Temecula, CA. (YouTube) “High Performance Neurofeedback Information” with Julie Onton Ph.D.

Initial Here:

Because of the COVID-19 Virus

Due to Social Distancing policies, and to protect our patients, clients, and staff, we are adopting the following office policies:

1. Counseling sessions will be conducted either via FaceTime or phone calls.
2. Direct Neurofeedback sessions will be conducted in our office, and we will all be very careful to prepare for the session with “infection control” processes and procedures. Masks please.