Psychophysiological Assessment

PATIENT INFORMATION

Name: _____ Patient ID: _____

Date of Birth: _____ dd / mm / yyyy Date of Assessment: _____ dd / mm / yyyy

Referring Clinician: _____

Reason for Assessment:

ASSESSMENT OBJECTIVES

To evaluate the relationship between physiological responses and psychological conditions.To identify specific physiological markers associated with the patient's reported symptoms.To contribute to a comprehensive diagnostic understanding that informs treatment planning.

MEDICAL HISTORY

Current Medications:

Previous Illness / Surgeries:

PSYCHIATRIC HISTORY

Previous Diagnosis:

Current / Past Treatments:

SYMPTOM PRESENTATION

Primary Complaints:

Duration of Symptoms: _____ Severity: _____

Triggers/Aggravating Factors:

Alleviating Factors:

PSYCHOPHYSIOLOGICAL MEASURES

Heart Rate Variability (HRV): Measures the variation in time between each heartbeat, indicating autonomic nervous system activity.Galvanic Skin Response (GSR): Measures changes in sweat gland activity as an indicator of emotional arousal.Electromyography (EMG): Assesses muscle activation and tension.Respiration Rate: Monitors breathing patterns and rate.Electroencephalography (EEG): Tracks and records brain wave patterns.Temperature Biofeedback: Measures body temperature as a stress indicator.

PRE-ASSESSMENT INSTRUCTIONS

Fasting Requirements:

Medication Adjustments:

Activity Restrictions:

EQUIPMENT USED

HRV Monitor, GSR Device, EMG Electrodes, EEG Cap, etc.

TESTING ENVIRONMENT

Quiet, temperature-controlled room with minimal distractions.

PROCEDURE STEPS

Baseline measurements taken in a resting state.Introduction of stimuli or tasks designed to elicit a psychophysiological response.Continuous monitoring and recording of physiological responses.Post-assessment debrief and relaxation period.

HEART RATE VARIABILITY (HRV)

Baseline:

Response to Stimuli:

GALVANIC SKIN RESPONSE (GSR)

Baseline:

Response to Stimuli:

ELECTROMYOGRAPHY (EMG)

Baseline:

Response to Stimuli:

RESPIRATION RATE

Baseline:

Response to Stimuli:

ELECTROENCEPHALOGRAPHY (EEG)

Notable Patterns:

TEMPERATURE BIOFEEDBACK

Baseline:

Response to Stimuli:

SUMMARY AND RECOMMENDATIONS

Overall Assessment:

Specific Concerns / Findings:

TREATMENT RECOMMENDATIONS

Biofeedback training, relaxation techniques, cognitive-behavioral therapy, etc.

Further Testing Needed:

Assessor's Signature:
Date: _____ dd / mm / yyyy

PATIENT CONSENT FOR ASSESSMENT AND USE OF DATA

I consent to the psychophysiological assessment and the use of my data for diagnostic and treatment planning purposes.

Patient / Guardian Signature:
Date: _____ dd / mm / yyyy