

BIOFEEDBACK SESSION NOTE

Patient Name: Alfredo Cardoso SS# SESSION# 3 DATE: 5/21/25
DOB: 10/03/70 DOI: CLAIM# MEDMANG.#

PAIN LEVEL

0=NO PAIN

10=WORST POSSIBLE

1 2 3 4 5 6 7 8 9 10

MOOD/AFFECT AT START OF SESSION:

ANXIOUS AGRIVATED SAD ANGRY IRRITABLE TEARFUL/CRYING CALM

NERVOUS CONTENT

DEPRESSION 1 2 3 4 5 6 7 8 9 10

ANXIETY 1 2 3 4 5 6 7 8 9 10

INSOMNIA 1 2 3 4 5 6 7 8 9 10

STRESSED 1 2 3 4 5 6 7 8 9 10

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

PAIN COMPLAINTS: C/S

MAJOR PREOCCUPATIONS: Health, bills, and personal issues

MOOD/AFFECT AT END OF SESSION: ATTITUDE:

DEPRESSION ANXIETY INSOMNIA STRESSED ANXIOUS AGRIVATED SAD

ANGRY IRRITABLE TEARFUL/CRYING CALM LESS TENSED COMFORTABLE

CONTENT

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

ALPHA STIM USED WHAT LEVEL: 1() 2() 3() 4() 5() 6()

TYPE OF TRAINING FOR TODAY'S SESSION: EM WAVE OR FREEZE FRAMER
TRACKING WAS APPLIED ON: EARS RIGHT FINGER LEFT FINGER

REFERENCE RATIO: Low:

Medium:

High:

Heart Rate:

BIOFEEDBACK SESSION NOTE

Patient Name: Alfredo Cordero SS# _____ SESSION# 4 DATE 5/23/25
DOB: 06/03/70 DOB: _____ CLAIM# _____ MEDMANG.# _____

PAIN LEVEL

0=NO PAIN

10=WORST POSSIBLE

1 2 3 4 5 6 7 8 9 10

MOOD/AFFECT AT START OF SESSION:

ANXIOUS () AGRIVATED () SAD () ANGRY () IRRITABLE () TEARFUL/CRYING () CALM ()

NERVOUS () CONTENT ()

DEPRESSION 1 2 3 4 5 6 7 8 9 10

ANXIETY 1 2 3 4 5 6 7 8 9 10

INSOMNIA 1 2 3 4 5 6 7 8 9 10

STRESSED 1 2 3 4 5 6 7 8 9 10

AFFECT: 0 NEUTRAL () FLAT () ANGRY () APPROPRIATE () BRIGHT () LABILE

PAIN COMPLAINTS: c/s and shoulders

MAJOR PREOCCUPATIONS: heat + the moon

MOOD/AFFECT AT END OF SESSION: ATTITUDE:

DEPRESSION () ANXIETY () INSOMNIA () STRESSED () ANXIOUS () AGRIVATED () SAD ()

ANGRY () IRRITABLE () TEARFUL/CRYING () CALM () LESS TENSED () COMFORTABLE ()

CONTENT ()

AFFECT: 0 NEUTRAL () FLAT () ANGRY () APPROPRIATE () BRIGHT () LABILE

ALPHA STIM USED WHAT LEVEL: 1() 2() 3() 4() 5() 6()

TYPE OF TRAINING FOR TODAY'S SESSION: EM WAVE () OR FREEZE FRAMER ()
TRACKING WAS APPLIED ON: EARS () RIGHT FINGER () LEFT FINGER ()

REFERENCE RATIO: Low:

Medium:

High:

Heart Rate:

BIOFEEDBACK SESSION NOTE

Patient Name: Alfredo Cardoso SS# 5 SESSION# 5 DATE 5/28/25
DOB: 6/3/1970 DOB: CLAIM# MEDMANG.#

PAIN LEVEL

0=NO PAIN

10=WORST POSSIBLE

1 2 3 4 5 6 7 8 9 10

MOOD/AFFECT AT START OF SESSION:

ANXIOUS AGRIVATED SAD ANGRY IRRITABLE TEARFUL/CRYING CALM
NERVOUS CONTENT
DEPRESSION 1 2 3 4 5 6 7 8 9 10
ANXIETY 1 2 3 4 5 6 7 8 9 10
INSOMNIA 1 2 3 4 5 6 7 8 9 10
STRESSED 1 2 3 4 5 6 7 8 9 10

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

PAIN COMPLAINTS: CIS Pain

MAJOR PREOCCUPATIONS:

Nothing

MOOD/AFFECT AT END OF SESSION: ATTITUDE:

DEPRESSION ANXIETY INSOMNIA STRESSED ANXIOUS AGRIVATED SAD
ANGRY IRRITABLE TEARFUL/CRYING CALM LESS TENSED COMFORTABLE
CONTENT

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

ALPHA STIM USED WHAT LEVEL: 1 2 3 4 5 6

TYPE OF TRAINING FOR TODAY'S SESSION: EM WAVE OR FREEZE FRAMER
TRACKING WAS APPLIED ON: EARS RIGHT FINGER LEFT FINGER

REFERENCE RATIO: Low: Medium: High: Heart Rate:

BIOFEEDBACK SESSION NOTE

Patient Name: Alfredo Correa

DOB: 06/03/70 SS# SESSION# 6 DATE: 5/30/25
DOI: CLAIM# MEDMANG.#

PAIN LEVEL

0=NO PAIN

10=WORST POSSIBLE

1 2 3 4 5 6 7 8 9 10

MOOD/AFFECT AT START OF SESSION:

ANXIOUS AGRIVATED SAD ANGRY IRRITABLE TEARFUL/CRYING CALM
NERVOUS CONTENT
DEPRESSION 1 2 3 4 5 6 7 8 9 10
ANXIETY 1 2 3 4 5 6 7 8 9 10
INSOMNIA 1 2 3 4 5 6 7 8 9 10
STRESSED 1 2 3 4 5 6 7 8 9 10

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

PAIN COMPLAINTS: headaches, C/S and shoulder

MAJOR PREOCCUPATIONS: finances, work and family

MOOD/AFFECT AT END OF SESSION: ATTITUDE:

DEPRESSION ANXIETY INSOMNIA STRESSED ANXIOUS AGRIVATED SAD
ANGRY IRRITABLE TEARFUL/CRYING CALM LESS TENSED COMFORTABLE
CONTENT

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

ALPHA STIM USED WHAT LEVEL: 1() 2() 3() 4() 5() 6()

TYPE OF TRAINING FOR TODAY'S SESSION: EM WAVE OR FREEZE FRAMER
TRACKING WAS APPLIED ON: EARS RIGHT FINGER LEFT FINGER

REFERENCE RATIO: Low:

Medium:

High:

Heart Rate:

BIOFEEDBACK SESSION NOTE

Patient Name: Alfredo Cordeiro SS# _____ SESSION# 7 DATE: 6/4/25
DOB: 06/09/40 DOB: _____ CLAIM# _____ MEDMANG.# _____

PAIN LEVEL

0=NO PAIN

10=WORST POSSIBLE

1 2 3 4 5 6 7 8 9 10

MOOD/AFFECT AT START OF SESSION:

ANXIOUS AGRIVATED SAD ANGRY IRRITABLE TEARFUL/CRYING CALM
NERVOUS CONTENT

DEPRESSION 1 2 3 4 5 6 7 8 9 10

ANXIETY 1 2 3 4 5 6 7 8 9 10

INSOMNIA 1 2 3 4 5 6 7 8 9 10

STRESSED 1 2 3 4 5 6 7 8 9 10

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

PAIN COMPLAINTS: V/S

MAJOR PREOCCUPATIONS: REYS ORGAN LIFE

MOOD/AFFECT AT END OF SESSION: ATTITUDE:

DEPRESSION ANXIETY INSOMNIA STRESSED ANXIOUS AGRIVATED SAD
ANGRY IRRITABLE TEARFUL/CRYING CALM LESS TENSED COMFORTABLE
CONTENT

AFFECT: NEUTRAL FLAT ANGRY APPROPRIATE BRIGHT LABILE

ALPHA STIM USED WHAT LEVEL: 1 2 3 4 5 6

TYPE OF TRAINING FOR TODAY'S SESSION: EM WAVE OR FREEZE FRAMER
TRACKING WAS APPLIED ON: EARS RIGHT FINGER LEFT FINGER

REFERENCE RATIO: Low:

Medium:

High:

Heart Rate:

BIOFEEDBACK SESSION NOTE

Patient Name: Alfredo Cordero SS# _____ SESSION# _____ DATE: 5/14/23
DOB: 06/03/70 DOB: _____ CLAIM# _____ MEDMANG.# _____

PAIN LEVEL

0=NO PAIN

10=WORST POSSIBLE

1 2 3 4 5 6 7 8 9 10

MOOD/AFFECT AT START OF SESSION:

ANXIOUS () AGRIVATED () SAD () ANGRY () IRRITABLE () TEARFUL/CRYING () CALM ()
NERVOUS () CONTENT ()

DEPRESSION 1 2 3 4 5 6 7 8 9 10

ANXIETY 1 2 3 4 5 6 7 8 9 10

INSOMNIA 1 2 3 4 5 6 7 8 9 10

STRESSED 1 2 3 4 5 6 7 8 9 10

AFFECT: NEUTRAL () FLAT () ANGRY () APPROPRIATE () BRIGHT () LABILE

PAIN COMPLAINTS: C/S, shoulders

MAJOR PREOCCUPATIONS: work and personal issues

MOOD/AFFECT AT END OF SESSION: ATTITUDE:

DEPRESSION () ANXIETY () INSOMNIA () STRESSED () ANXIOUS () AGRIVATED () SAD ()
ANGRY () IRRITABLE () TEARFUL/CRYING () CALM () LESS TENSED () COMFORTABLE ()
CONTENT ()

AFFECT: NEUTRAL () FLAT () ANGRY () APPROPRIATE () BRIGHT () LABILE

ALPHA STIM USED WHAT LEVEL: 1() 2() 3() 4() 5() 6()

TYPE OF TRAINING FOR TODAY'S SESSION: EM WAVE () OR FREEZE FRAMER ()
TRACKING WAS APPLIED ON: EARS () RIGHT FINGER () LEFT FINGER ()

REFERENCE RATIO: Low:

Medium:

High:

Heart Rate: