

# Psychophysiological Assessment

Patient Information	
Name:	Patient ID:
Date of Birth:	Date of Assessment:
Referring Clinician:	
Reason for Assessment:	
Assessment Objectives	
<ul style="list-style-type: none"><li>To evaluate the relationship between physiological responses and psychological conditions.</li><li>To identify specific physiological markers associated with the patient's reported symptoms.</li><li>To contribute to a comprehensive diagnostic understanding that informs treatment planning.</li></ul>	
Background Information	
<b>Medical History</b>	
Current Medications:	
Previous Illness / Surgeries:	
<b>Psychiatric History</b>	
Previous Diagnosis:	
Current / Past Treatments:	
Symptom Presentation	
Primary Complaints:	
Duration of Symptoms:	
Severity (scale 1-10):	
Triggers / Aggravating Factors:	
Alleviating Factors:	

## Psychophysiological Measures

### 1. Heart Rate Variability (HRV):

Measures the variation in time between each heartbeat, indicating autonomic nervous system activity.

### 2. Galvanic Skin Response (GSR):

Measures changes in sweat gland activity as an indicator of emotional arousal.

### 3. Electromyography (EMG):

Assesses muscle activation and tension.

### 4. Respiration Rate:

Monitors breathing patterns and rate.

### 5. Electroencephalography (EEG):

Tracks and records brain wave patterns.

### 6. Temperature Biofeedback:

Measures body temperature as a stress indicator.

## Assessment Procedure

### 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

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

<b>Findings and Interpretation</b>	
<b>Heart Rate Variability (HRV)</b>	
Baseline: ms	Response to Stimuli: ms
<b>Galvanic Skin Response (GSR)</b>	
Baseline: $\mu\text{S}$	Response to Stimuli: $\mu\text{S}$
<b>Electromyography (EMG)</b>	
Baseline: $\mu\text{V}$	Response to Stimuli: $\mu\text{V}$
<b>Respiration Rate</b>	
Baseline: breath / min	Response to Stimuli: breath / min
<b>Electroencephalography (EEG)</b>	
Notable Patterns:	
<b>Temperature Biofeedback</b>	
Baseline: $^{\circ}\text{C}$	Response to Stimuli: $^{\circ}\text{C}$
<b>Summary and Recommendations</b>	
<b>Overall Assessment</b>	
<b>Specific Concerns / Findings</b>	
<b>Treatment Recommendations</b>	

**Further Testing Needed****Assessor's Signature:****Date:****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:**