



Dear patients,

welcome to Teampraxis im 6. and an.doc.stelle.

The following information will help us to provide you with the best possible medical and psychosocial care. If you do not wish to answer a question or are unsure, please leave the field blank or enter a question mark.

Patient

First name

Last name

Date of birth

What name would you like us to use when addressing you?

Address

Street

House number

Postal code

City

Telephone

E-Mail

Occupation

Employer

Lived / experienced gender

☐ woman ☐ man ☐ inter ☐ diverse ☐ not specified ☐ _____

Sex assigned at birth

☐ woman ☐ man ☐ inter

Do you take medication regularly? ☐ No ☐ Yes

If so, which ones? _____

Allergies ☐ No ☐ Yes

If so, which ones? _____



Have you ever been diagnosed with a mental illness or disorder?
(e.g., depression, anxiety disorder, trauma, etc.)

☐ No ☐ Yes ☐ Yes, and I would like some support with that.

Are you currently undergoing psychotherapy?

☐ No ☐ Yes, with: _____

Would you like to change something about your consumption habits?
(e.g., alcohol, nicotine, drugs, media, etc.)

☐ No ☐ Yes ☐ Yes, and I would like some support with that.

Have you experienced violence? (e.g., physical, psychological, sexual)

☐ No ☐ Yes ☐ Yes, and I would like some support with that.

Are there any financial burdens or worries that are currently on your mind?

☐ No ☐ Yes ☐ Yes, and I would like some support with that.

Do you need assistance applying for money or goods?

(e.g., pension, minimum income, disability card, housing allowance, etc.)

☐ No ☐ Yes

Do you have physical or emotional issues/problems related to your sexuality?

☐ No ☐ Yes ☐ Yes, and I would like some support with that.

How did you find out about Teampraxis im 6.?

☐ doctor ☐ friend ☐ internet ☐ practice sign ☐ an.doc.stelle

☐ Others: _____

Thank you very much for your time!

Place / Date

Signature