



Verein an.doc.stelle
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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