

General information

Name: _____ Date: _____

Phone: _____ Address: _____

Email: _____

When can you come to therapy? (Please underline)
Always | Mornings | Afternoons | From 17:00 | Other: _____

Date and place of birth: _____ / _____ Nationality: _____

Mother tongue(s): _____ Marital status: _____

Describe your current living situation (How and with whom? Your satisfaction?)

School and education (highest degree): _____

Current occupation: _____ Learnt occupation: _____

How satisfied are you with your current job situation or training? (Please give a short explanation)

How satisfied are you with your current financial situation? (Also give a short explanation)

Current situation / conflict / problem

Why are you seeking therapy? What goals would you like to achieve?

Please briefly describe how your problems initially started and have evolved over time.

What have you done so far to improve your situation?

Which persons are part of your problems or directly affected by your situation?

Biographical information

	Mother	Father
Name		
Year of birth		
Current health		
Education / Profession		
If deceased: when and from what cause		

Siblings (complete on a separate sheet if necessary)

Name			
Year of birth			
Describe the nature and quality of the relationship			

Other (e.g. children, step-parents, other important persons, complete on extra sheet if necessary)

Name			
Year of birth			
Describe the nature and quality of the relationship			

Family of origin and childhood

How did you experience the relationship between your parents?

Describe your relationship with your parents. Please also describe parenting style.

How did you experience your school years? How did you experience friendships?

Pre-treatment and medication

Have you ever been in outpatient and/or inpatient psychotherapeutic treatment?
(Please indicate period and type of treatment, complete on separate sheet if necessary)

Regular medication, for what reason, since when and in what current dose?