

Dear patient!

We invite you to fully and correctly fill out the following questionnaire. Those questions serve to fully understand your concerns, problems and symptoms. Please read the questions thoroughly before answering them and try to answer all of them – you can add notes, when needed.

These informations will be picked up in the up-coming clinical interview, will be reorded in your clinical history and are subject to medical confidentiality.

Name: _____ Tel. Nr.: _____

Adress (incl. postcode): _____

e-Mail: _____ mother tongue: _____

Family doctor: _____ referring physician: _____

Job : _____

Employer: _____ **AMS**

Tick and fill in as appropriate:

<input type="checkbox"/> marginally employed	<input type="checkbox"/> part-time job	<input type="checkbox"/> full-time job	<input type="checkbox"/> self-employed
<input type="checkbox"/> parental leave	<input type="checkbox"/> alimony	<input type="checkbox"/> fixed-term rehabilitation allowance	<input type="checkbox"/> disability pension
<input type="checkbox"/> premature pension	<input type="checkbox"/> pension	<input type="checkbox"/> other: _____	

1. Are you currently on sick leave? yes, since _____ no

Who put you on sick leave? _____

Do you have an appointment at the insurance doctors office? yes , on the _____ no

Do you need a medical report for that appointment? yes no

2. What did change since the last appointment?

3. What are your existing symptoms and concerns?

4. Do you currently have physical symptoms? yes no

If yes, which ones?

5. Since the last appointment have you been in stationary treatment or at another psychiatrists office? yes, at _____ no

Do you have new medical findings? yes no

6. What medication are you currently taking? (please list **all pills** (including name and miligram))

medication +mg	morning	midday	evening	night

Please fill out thoroughly!

7. Following medication has been discontinued or wasn't taken (please list the name and miligram):

8. Are you currently doing a psychotherapy?

yes, with _____ no

9. Do you have a letter of referral (of your family doctor)? yes no

10. Do you need a medical report for an authority (PVA, AMS, driving license...)? (Please note that those medical reports are not refunded by insurance companies and have to be paid by the owner's expense)

yes no

If yes, for whom and what for? _____

11. Do you have a companion with you? yes, whom? _____ no

Tel. Nr. of a companion (if a companion is needed): _____

Your companion will be part of the clinical interview only if necessary and after the one-to-one conversation with the psychologist or the medical doctor (usually a psychiatric examination takes place in a one-to-one setting!).

12. Further notes:

13. With my signature, I hereby confirm the accuracy and completeness of the information I have provided above.

Place, date and signature

You find further information in various languages at the homepage of www.patientinfo.at.

Thank you!

- Please bring the filled out questionnaire with you on the day of your next appointment.
- Please take the medication as prescribed. Please do not change the medication or stop taking the medication without talking to the doctor beforehand.
- If there are any acute problems concerning the medication, please call us (+43/ 316 72 38 69).