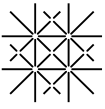


Personal Information

First Name:	Last Name:
How did you hear about the Zentrum für Psychotherapie? (e.g., Internet, referral from doctor, clinic, etc....)	
Reason for registration:	
Since when do you have these difficulties?	

Are you in treatment at the moment (physician, psychologist, other):			
Since when?	Name of Clinic or specialist	What kind of treatment	Results

Do you take any medication at the moment?



What	Dose	Why