

Fakultät für Psychologie



Personal Information

First Name:		Last 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					
Since when?	Name of Cliffic of Specialist	What kind of treatment	Results		

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Do you take any medication at the moment?



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What	Dose	Why	

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