



BUCHINGER
1920

PSYCHOLOGICAL ANAMNESIS

IMPORTANT KEY DATA AND LIFE EVENTS

Date:

Name:

First name:

Date of birth:

Room number:

Doctor in charge:

Dear Guest,

To bridge the time up to our first meeting, I ask you to fill out this questionnaire. It will help me to get a first impression.

It is not about representing your entire CV. It should rather be about some important key figures and events in your life. This information is important for me to get an idea of you and your needs – so that we can use the counselling sessions more effectively. Many people become aware of important aspects of or dynamics in their life just by filling out these pages. I recommend that you to answer the questions in a calm atmosphere. If you do not want to answer a question, simply draw a line. If there is not enough space for your answer, you can also use the back of the sheet.

You will be interested to know what will happen with your information, especially as most of the questions are very personal. Of course, all treatment notes and personal information is strictly confidential.

No one outside of our sessions (not even close relatives or your family doctor) will have access to this information without your permission.

I thank you for your cooperation and preparatory work and look forward to our meeting.

Yours,

Kristina Kost
Psychologist, MSc

PERSONAL DATA

Current occupation:

In case of disability, since when?

If retired, since when?

Family status:

Number of children:

Would you say that you are dependent on something (e.g. alcohol, drugs, food, tablets, work, relationships, nicotine, games, television, internet, mobile phone, sex)?

Yes No

If so, what?

Since when?

Earlier use of psychotropic drugs:

Yes No

Actual use:

Yes No

If so, what drugs?

Do or did they help?

Yes No

SYMPTOMS

Please underline the problems you **currently** have:

pain | sleep disorders | working disorders | anxiety | sadness | depression | suicidal thoughts | suicide attempts | insecurity | feelings of inferiority | fear of people | blush | tremor | trembling | feeling of a lump in the throat | fear of being alone | changing physical complaints | sexual difficulties | mood swings | voice disorders | panic attacks | partnership issues | daydreams | brooding | chase thoughts | hypersensitivity | disaster fantasies | fainting | fear of heights | fear of enclosed spaces | guilt | inner tension | bad temper | irritability | aggressiveness | performance anxiety | drowsiness | heart problems | constant uncalm | headaches | nausea | gastrointestinal symptoms | dizziness | the feeling of standing next to oneself | lack of exercise | constraints | gambling addiction | workaholism | contact problems | drug abuse | alcohol abuse | consuming illegal drugs | difficulties to set healthy borders | apathy | loss/lack of interest | overwork | underuse | decision problems | financial problems | dependencies | concentration difficulties | memory problems | problems with superiors | eating behaviour disorder | weight loss | weight gain | loss of appetite | increased appetite – eating attacks | uncontrolled outbursts of anger

Other:

How would you describe yourself?

Please underline:

worthless | useless | intelligent | rational | stupid | naive | don't do anything right | I am a nobody | optimistic | guilty | angry | aggressive | full of hate | attractive | ugly | driven | fearful | insecure | tendency to panic | unattractive | valuable | sympathetic | depressed | lonely | unloved | misunderstood | bored | without hope | important to others | restless | confused | without confidence | structured | conscientiously | dramatic in conflict | hopeful | perfectionist | good-natured | sneaky | open | honest | jealous | afraid | brave | active | adventurous | moderate | loving | hearty | humorous | emotionally rather cool | realistic | emotional | balanced | unbalanced

Other:

Is there a specific cause bringing you to me?

Please write a few keywords:

DISEASES, PSYCHOTHERAPY, HOSPITALISATION

Have you been in a psychiatric, psychotherapeutic or psychosomatic clinic or ambulant treatment?

Yes No

If so, name of the clinic:

Name of the practitioner:

Year and duration of treatment:

Why?

Was the treatment successful? Yes No

Have you experienced serious physical illnesses during the recent years?

Yes No

If so, what and when? (If relevant for our session: current medication):

Have there been any strong stressful events in your life that were not covered by the previous questions?

Yes No

Have you committed a crime in the past, or otherwise come into conflict with the law?

Yes No

If so, why and what punishment did you receive?

GOALS AND CURRENT LIFE CIRCUMSTANCES

What are the goals you want to achieve in a psychological session?
How will they change your life?

What will happen in the near future if you do not solve your problem?

LAST GENERAL QUESTIONS

What did you do in the past to help yourself when going through crises and problems in life?

What strengths and resources can you apply?

Please hand over the completed form in the provided envelope to the receptionist – to hand it to Mrs Kost.