



Short Questionnaire

Personal information

Name: _____

First name: _____

Date of birth: _____ Age: _____

Kontakt

Telephone: _____

Mobile: _____

For adults

School-leavin-qualification: _____

Professional qualification: _____

Actual occupation: _____

Have you used professional help before? Which one? With whom? Between which dates?

For children/young people

School: _____

Class: _____

With which medical insurance company are you covered?

Request information (in keywords)

My problems:

My targets:

Which times and on which weekdays could you attend a therapy appointment?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 9.00 - 12.00 |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 13.00 - 16.00 |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> after 16.00 |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> others _____ |
| <input type="checkbox"/> Friday | |

How did you discover my practice? _____