Dr R. Nieboer

Psychoanalyst

**PRE- ASSESSMENT QUESTIONNAIRE**

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| Full name | Date of Birth |
| Address(I will **not** write to you unless we agree this) | Mobile phoneCan I text and voicemail to this phone? Y / NEmailCan I use this to contact you? Y / N |
| GP(I will **not** write to your GP unless we agree this) | Have you ever had a mental health diagnosis?If so, who gave you this diagnosis? When was this? |
| Do you suffer from any allergies, or epilepsy, or asthma, or heart disease? | Do you believe you may have an Eating Disorder or have had psychotic experiences? |
| How did you hear of me? | Are you taking any medications? (Please list) |
| Is there anyone I can contact, in the event of an emergency?Name Who is this?MobileYou do not have to provide these details, but it is helpful to have this on record | Do you take any un-prescribed medicines or street drugs? (Please list)Past usePresent use |

These are a few questions to help me get a brief sense of what we might discuss.

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| Please say something about your concerns, what you are struggling with, and how you hope I might be able to help. |
| Have you ever seen a counsellor, psychotherapist, psychologist or psychiatrist? |
| Can you say something about your present circumstances? (Work, partner, children, family life, social life?) |
| Have you ever made a suicide attempt, or deliberately hurt yourself? |
| If there anything else you think I should know at this stage? |