YOUR INFORMATION (if your spouse or partner or other family members are also attending the session he/she/they should complete their own copy independently and send it to Calum Anderson confidentially. You may get the form back to me by

1. Post to “Calum Anderson - Sonnenstraße 16 - 80331 München”. Please don’t send “per Einschreiben”.
2. E-Mail. To give you the best email security, I have an extra e-mail account (secure.calumanderson@protonmail.com). If you also have an account with protonmail you have the best chances of having your e-mail read only by myself.

|  |  |
| --- | --- |
| Your name:  | Date of birth: Age:  |
| Address (Street, House number):  |
| Postcode: | City: |
| Telephone (home):  | Telephone (work):  |
| Cell phone:  | E-Mail:  |
| Profession:  | Are you married?:  |
| How long have you been in your current relationship?  |
| Names and ages of children? |
| Past relationships and their length?  |

|  |
| --- |
| **Information about your partner** |
| Name:  | Age: |
| Past relationships and their length?  |
| Health: |
| Profession:  |

**Please provide a list of therapists you have seen starting with current therapists and include any from the past.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Health Checklist** - Check all that apply to each family member and yourself

(tick = yes; ? = maybe; blank = no)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sie selbst | Partner | Kinder | Kurze Erklärung |
| Anxiety |  |  |  |  |
| Depression |  |  |  |  |
| Frequent alcohol consumption |  |  |  |  |
| Substance abuse |  |  |  |  |
| Anger |  |  |  |  |
| Workaholism |  |  |  |  |
| Eating Issues |  |  |  |  |
| Spending/Gambling |  |  |  |  |
| Sex addiction |  |  |  |  |
| Issues related to physical health |  |  |  |  |
| Suicidal thoughts |  |  |  |  |

**ADDITIONAL INFORMATION**

I would like each of you attending the session to send a one-page summary giving background information and your wishes for the session. **Please limit your response to a single page (500 words). If it is any longer, it may not be read in full.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_