



## Gemeinschaftspraxis für Kinder- u. Jugendpsychiatrie

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Psychoanalyse für Erwachsene

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Munich, \_\_\_\_\_

### Patient Registration Form (private insured)

Child: Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Born: \_\_\_\_\_

Mother: Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Born: \_\_\_\_\_

Father: Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Born: \_\_\_\_\_

Custody:

shared custody

Family situation:

living together

**or**

living separately

Sole custody:

Mother

**or**

Father

**(Parents with shared custody, but living separately: we legally need a declaration of consent of the second parent, otherwise we cannot provide the treatment for the child.)**

Address of the custodian: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

mail-Address: \_\_\_\_\_

**Private Health Insurance & Primary Subscriber:** \_\_\_\_\_

Billing address, if different: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Notes: \_\_\_\_\_

**Please bring the following documents to the appointment:**

- ✓ Last school report card(half term, school year) as **a copy of the original**
- ✓ (if available) diagnostic results/medical reports as **a copy of the original**
- ✓ **Declaration of consent** of the other parent, in the case of shared custody but living separately

We need **a notice for cancellations (at least 24 hours before the appointment)** by Fax, Email or Telephone. For cancellations at short notice the full amount of the appointment will be charged unless medical certificate is provided.

Please note, that the composition of Medical Certificates (for example Dyslexia, Dyscalculia, etc.) are charged additionally to the costs of the examination. Private insurances may cover these costs. According to the medical fee schedule GOÄ the costs can vary from 350€ to 500€ for a standard medical certificate (for example for the youth welfare apartment) and approx. 50€ for a medical statement, which is normally sufficient for schools. If in doubt, please ask for a cost estimate. Please note that the insurance refunds are restricted in some cases of psychiatric/psychological issues.

With your signature on the registration form, you declare that you are prepared to pay any extras that may not be reimbursed by the insurance company.

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Signature of the Custodian



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Munich, \_\_\_\_\_

**Medical history – reported by parent(s)**

Child's name and surname: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Onset of problematic behaviour: \_\_\_\_\_

Family status (living together/seperated; child custody joint/sole; sisters or brothers):

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

Age of mother/father: \_\_\_\_\_

Profession of mother/father: \_\_\_\_\_

Pre-existing conditions in the family: \_\_\_\_\_

\_\_\_\_\_  
Burdensome/straining factors: \_\_\_\_\_

\_\_\_\_\_

**Baby- and toddler**

Pregnancy (normal, smoking, alcohol during the childbearing period, tocolytics etc.):

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

Birth (prematurity, oxygen deficiency etc.): \_\_\_\_\_

Preventive medical check-ups (U1-U9): \_\_\_\_\_

Motor skills: \_\_\_\_\_

Language skills: \_\_\_\_\_

Potty training: \_\_\_\_\_

### **Nursery/Play school**

Behavioral peculiarity (Separation anxiety, Hyperactivity etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sickness/Surgery/Accident/Allergy (Epilepsy, Meningitis, Craniocerebral Injury):

\_\_\_\_\_

### **School**

School enrolment: \_\_\_\_\_

Day-care or other institutions: \_\_\_\_\_

Relevant life events: \_\_\_\_\_

\_\_\_\_\_

### **Therapies**

Previous treatments, therapeutic interventions or hospital stay (day clinic, admission, duration and reason, concluded/currently running?):

\_\_\_\_\_

\_\_\_\_\_

**Suspected diagnosis und further procedure:**