

**Neuropsychological
and Psychotherapeutic Practice**
Licensed Psychologist Andreas Tiede and Staff
Psychotherapist
Clinical neuropsychologist (GNP)

Licensed Psychologist, Tiede Prinzenstr. 5 47179 Duisburg

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Registration form

Dear Sir or Madame,

please fill in the following registration form and send it signed back to us by mail.
Please take note, that we will not confirm the arrival of your application.
But from the moment, that we are aware about available capacity, patients, that need
neuropsychological treatment, will be informed by phone or email.
Also, please take into consideration, that this process may take some time.
Thank you.

A Personal Information

Surname:.....	First name:.....
Date of birth:.....	Family status:.....
Number of children:.....	Postcode, City:.....
Street Address:.....	Home Phone:.....
Business Phone:.....	Fax:.....
Mobile Number:.....	E-mail:.....
Certificate of Education:.....	Professional Qualification:.....
Actual Occupation:.....	

Health Insurance	Health insurance number.....
Postcode, City:.....	Street Address:.....

Primary Care Physician:.....	Medical Specialists:.....
Postcode, City:.....	Street Address:.....
Phone:.....	

B Report about Symptoms

1.) Your current complaints:

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2.) How long have been persisting these complaints roughly?

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3.) How often do these complaints appear, how intense and how long do they persist?

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4.) What incident or change in your life did precede these complaints?

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5.) What kind of treatment did you get therefore? (Psychotherapists, Doctors, Hospitals – please state name and period of time)

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6.) What sort of medication do you take at the moment?

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7.) What do you expect from a psychotherapy?

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8.) Did you file an application for a pension?

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9.) How did you find out about my practice? (Doctor, Internet, etc.)

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Please do take your **chip card** with you for the first interview, if you have a health insurance.

In case you are not able to keep the provided appointment, please cancel two days prior. If the appointment is cancelled later or not at all, a cancellation fee of 50,- € is due, that you have to settle privately, because health insurances do not pay these.

Because of organizational reasons, we request you to arrive 5 minutes early, if you have a fixed appointment.

By signing this form, I confirm that I acknowledge and consent to the cancellation fee regulation. If I should find another therapy spot meanwhile, I will inform you.

Location, Date:..... Signature:.....