



**Universitätsklinikum  
Tübingen**

**Centre for Mental Health**

Clinic of Psychiatry and  
Psychotherapy  
Department of Psychiatry,  
Psychosomatics and Psychotherapy in  
Childhood and Adolescence

**Medical director Prof. Dr. med. Renner**

Osianderstraße 14-16  
72076 Tübingen

Dear patients,  
dear parents,

You have contacted us for an appointment at our outpatient clinic. To ensure a smooth appointment process, please complete **all** the necessary documents and send them back to us in full.

Afterwards, you may contact us by phone at 07071/29 82338 to arrange an appointment. Please note that there is no guarantee for an immediate appointment.

Due to high demand, the waiting time for an initial consultation is currently several months. We are aware of the importance of timely support, but kindly ask for your understanding regarding possible delays. For families outside the districts of Reutlingen and Tübingen, the waiting time may be even longer.

We are doing our best to use our resources effectively and to ensure the quality of our care. Thank you very much for your understanding!

With kind regards,

Frau Dr. H. Spieles  
Senior physician ambulance

Frau P. Schneider  
Therapeutic outpatient management

**Universitätsklinikum Tübingen**

Anstalt des öffentlichen Rechts, Sitz Tübingen  
Steuer-Nr. 86156/09402  
USt.-ID: DE 146 889 674  
Geissweg 3  
72076 Tübingen  
Tel. +49 7071 29-0  
[www.medizin.uni-tuebingen.de](http://www.medizin.uni-tuebingen.de)

**Aufsichtsrat**

Ulrich Steinbach (Vorsitzender)

**Vorstand**

Prof. Dr. Jens Maschmann (Vorsitzender)  
Dr. Daniela Harsch (Stellv. Vorsitzende)  
Prof. Dr. Ulrike Ernemann  
Prof. Dr. Bernd Pichler  
Klaus Tischler

**Banken**

Baden-Württembergische Bank Stuttgart:  
(BLZ 600 501 01) Konto-Nr. 7477 5037 93  
IBAN: DE 41 6005 0101 7477 5037 93  
BIC (SWIFT-Code): SOLADEST600  
Kreissparkasse Tübingen:  
(BLZ 641 500 20) Konto-Nr. 14 144  
IBAN: DE 79 6415 0020 0000 0141 44  
BIC (SWIFT-Code): SOLADES1TUB



## Application form

### Application for:

- ☐ First consulting
- ☐ Follow-up appointment (had an appointment in the last 12 months)
- ☐ Second opinion
- ☐ Partial inpatient treatment
- ☐ Full inpatient treatment

To be filled out by the ambulance:

Appointment with: \_\_\_\_\_

Date: \_\_\_\_\_

### **Centre for mental health**

Clinic of Psychiatry and

Psychotherapy

Department of Psychiatry, Psychosomatics  
and Psychotherapy in Childhood and  
Adolescence

**Medical director Prof. Dr. med. Renner**

Osianderstraße 14-16

72076 Tübingen

### **Contact of Outpatient Clinic**

#### **Registration:**

Tel.: +49 (0)7071 29-82338

Fax: +49 (0)7071 29-25146

Mail: ppkj@med.uni-tuebingen.de

Telephone office hours:

Monday – Thursday: 9-11 / 14-15:30 Uhr

Friday: 9-11 / 14-15 Uhr

#### **Emergency contact:**

Tel.: +49 (0)7071 29-62465

### Child's information

**Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ ☐ male ☐ female ☐ non-binary

**Child lives with** ☐ both parents ☐ mother ☐ father ☐ \_\_\_\_\_

Contact information of mother	Contact information of father	Contact information residential group / foster family / or similar
Name:	Name:	Name:
Address:	Address:	Address:
Telephone:	Telephone:	Telephone:
Mobile:	Mobile:	Mobile:
Mail:	Mail:	Mail:
<b>Child custody</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Child custody</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Child custody</b> <input type="checkbox"/> yes <input type="checkbox"/> no

**Please note:** If only one parent attends the appointment, the other parent must agree to the appointment in writing (form p. 3). In the case of separated parents with joint custody, the appointment cannot take place without this explicit consent.



<b>Insurance information</b> (Data can be found on the insurance card): <input type="checkbox"/> statutory <input type="checkbox"/> private	
Name of health insurance: Number of health insurance:	Insurance number <b>(child)</b> : Principal insurer + date of birth <b>(one parent)</b> :
<b>Video consultation</b> – more information on p. 7	
We are willing to consider video consultation: <input type="checkbox"/> yes <input type="checkbox"/> no	<u>Requirements:</u> - Device with camera, microphone (PC, laptop, tablet, mobile phone), Internet access
<b>Problems / symptoms / pre-diagnosis</b>	
<b>Further information</b> – If so, please bring along previous findings	
<b>First contact with <u>our</u> clinic?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Medical referral from children's hospital or Gynecology (DSD)?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Is your child currently taking any medication?</b> If so, which one and how is it dosed?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Is there existing contact with another child and adolescent psychiatrist?</b> If so, to whom? Is this contact ongoing?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Is there existing contact with another child and adolescent therapist?</b> If so, to whom? Does this contact ongoing?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Has there already been an instance of inpatient child and adolescent psychiatric treatment?</b> If so, when and where?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Has a psychological assessment already taken place?</b> If so, where?	<input type="checkbox"/> yes <input type="checkbox"/> no



---

Declaration of consent  
**of the absent parent** with child custody

---

I hereby agree that my daughter / son

name of the child: \_\_\_\_\_ date of birth: \_\_\_\_\_

will be examined and treated in the Department of Psychiatry, Psychosomatic Medicine and Psychotherapy in Children and Adolescents of the University Hospital Tübingen.

I authorize

☐ the legally authorized mother: full name \_\_\_\_\_

☐ the legally authorized father: full name \_\_\_\_\_

☐ other persons (e.g. foster parents, residential group): name \_\_\_\_\_

to consent to the treatment and to make all necessary declarations.

In addition

☐ I authorize: full name \_\_\_\_\_

**OR**

☐ I **don't** authorize: full name \_\_\_\_\_

to undertake all necessary confidentiality obligations, such as for the pediatrician, other treating therapists, school, youth welfare and so on.

This declaration of consent may be revoked at any time in writing with immediate effect.

\_\_\_\_\_  
Name of the signing person

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the signing person

By phone I can be reached as follows: \_\_\_\_\_



---

Declaration of consent  
to photo or video recording / confidentiality / contact for study requests

---

Dear parents, dear patients,

since we care about the best possible diagnosis and treatment of your child, we ask for your consent to the following, which will make our work easier. Please refer to the enclosed information for further explanation.

Name of the child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

For the period of diagnosis / treatment between my child or me and the staff of the child and adolescent psychiatry (please mark as applicable)

- ☐ I agree to a picture being taken of my child with an instant camera.
- ☐ I undertake to keep private information confidential to third parties.
- ☐ I agree that video and audio recordings may be recorded for diagnostic and therapeutic purposes.
- ☐ I agree that the video or audio recordings may be used for supervisory purposes within the child and youth psychiatry.

I agree to be contacted for study requests.

- ☐ Contact for study requests

By signing, I acknowledge that each of these declarations have been made voluntarily. I have been informed that I have the right to revoke this statement at any time, informally in writing or orally. Participation in therapeutic measures can of course also take place if I do not agree to the use of the recordings and data.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of parent / legal guardian

\_\_\_\_\_  
Signature of parent / legal guardian

\_\_\_\_\_  
Signature child



**Information sheet for you to keep**

**Consent forms – information sheet**

**Instant image for filing**

The instant image is to be taken at one of the appointments in our outpatient clinic. The recording is primarily for the recognition of your child. The image is stored in their file during diagnosis and treatment. The images are not saved after completion of the treatment. We will destroy them appropriately. Under no circumstances will personal data be passed on to third parties.

**Confidentiality Obligation**

As part of the treatment of your child, you may receive information about fellow patients that is very personal and not intended to be passed on to third parties. By signing, you agree to remain silent about this information. The obligation of confidentiality applies throughout and after treatment.

**Image and sound recordings**

Our clinic has the possibility to take pictures and sound recordings (photos, videos, tape recordings and so on). The records are used in accordance with the applicable data protection regulations and are subject to medical confidentiality.

Diagnostics and therapy: The primary aim of the image and sound recordings is to improve the quality of diagnosis, assessment and treatment. The quality of the treatment can be improved by a subsequent, precise examination by the interdisciplinary team.

Supervision and internal teaching: As a university hospital we are a training hospital, which means the training of doctors, therapists, nurses and so on is an important part of our work. Appropriate admission in meetings can contribute to the quality of treatment.

**Contact for study requests**

We conduct scientific studies to learn more about the causes of psychiatric illnesses and to expand our existing knowledge. This enables us to constantly improve our treatment. You could help us to develop the medical expertise that people with mental disorders can benefit from in the future. We would be happy if we could contact you and your child with regards to such studies. An employee would then contact you in order to present the study to you in detail.

Our studies are reviewed and approved by the responsible ethics committee. The participation in studies is voluntary. It is possible to refuse to participate in a study at any time – without giving reasons and without restricting healthcare and rights. You may also revoke your consent to be contacted by us regarding studies at any time. Your data will be treated confidentially and will not be passed on.



Information sheet for you to keep

## Video and telephone consultation

Increasingly, video and telephone consultation are also being used in our organization. We consider them to be an additional form of service we can offer. Personal appointments will continue alongside this new form of consultation. When registering and making an appointment, you can indicate whether video consultation is possible and feasible for you. If this is the case, you will usually receive a link via e-mail that allows you to access our video system.

To do this you need an internet-enabled device with microphone and camera. Please also check that your browser settings are enabled for this. Please ensure a quiet and well-lit environment for trouble-free implementation. Participation in the video consultation is voluntary and the use of the software is free of charge.

The program through which the video consultation is carried out is certified and approved by the health insurance companies. Data collection, processing and use for video consultation is carried out in accordance with the *Agreement on the Requirements for Technical Procedures for Video Consultation in accordance with Annex 31b to the Federal Coat Agreement – Doctors SGB V*.

### We inform you hereby:

- That participation in the video consultation is voluntary for you/ your child and clinic staff.
- To ensure data security and trouble-free operation on both sides, the video consultation takes place in enclosed rooms that ensure adequate privacy.
- At the beginning of the video consultation session there is a presentation on both sides of all the persons present in the room.
- Recordings of any kind are not permitted during video consultation.
- During the consultation, the employees inform the participants of the requirements for the conduct of the video consultation (according to § 3 of the *Agreement on the Requirements for the Technical Procedures for the Video Consultation Hours according to Appendix 31 b of the Federal Coat Agreement – Doctors SGB V*).
- You consent to the collection, processing and use of your health data in the context of the video consultation by employees of the clinic; always in accordance with the applicable data protection regulations.
- You can revoke the consent of the employees of the clinic at any time without special formal requirements and deadlines.

# Checklist

## Necessary documents before the appointment:

Please send the following documents if available:

- ☐ Doctor's letters (copies)
- ☐ Therapy reports (copies)
- ☐ School behavior report (informal) from the class teacher
- ☐ Copies of report cards from the last 2 years
- ☐ Youth welfare reports (copies)

## Necessary information and documents for the appointment:

Please arrive **15 minutes before** your first appointment for registration.

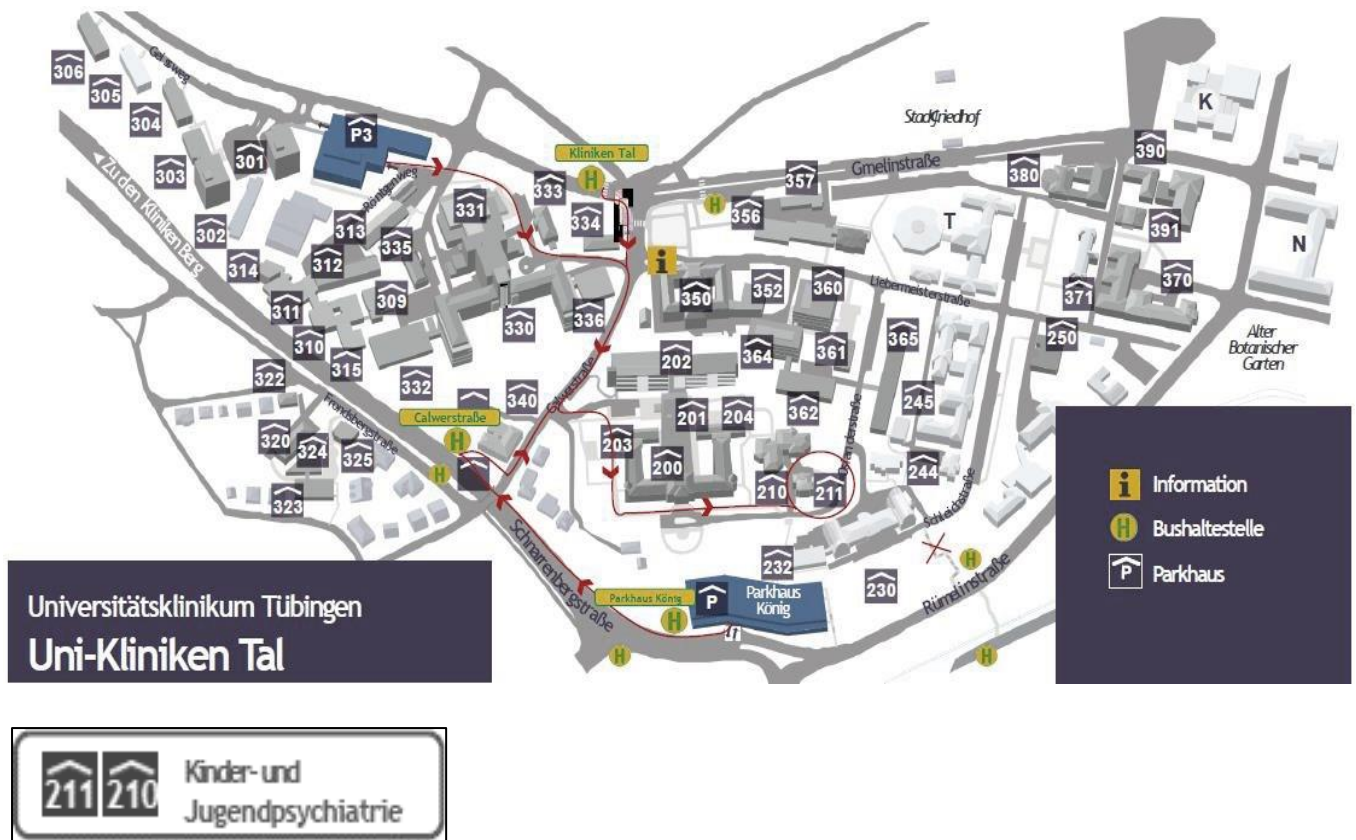
- ☐ Referral from your child's or family doctor (necessary for each quarter!)
- ☐ Health insurance card
- ☐ Consent form from the parent or guardian with custody, who is **not attending** the appointment
- ☐ Consent form regarding video/photo/study contact
- ☐ Yellow medical screening book

Please note that due to construction measures around the site, the parking situation and footpaths are significantly restricted. Longer walking distances must be considered.

We kindly ask you to take this into account for your journey and to start earlier accordingly. We ask for your understanding. On the following page you will find information about footpaths and parking facilities.



## Directions



### **Arrival by public transport:**

Buses of the lines 5, 13, 18 und 19 leave directly on opposite of the central station of Tübingen.

#### Bus line 5:

Exit at the bus stop „Kliniken Tal“. Please cross the road, then follow the signs to „Psychiatrische Klinik“. (footpath about 10 minutes)

#### Bus lines 13, 18 & 19:

Exit at the bus stop „Calwer Straße“. Please follow the signs to „Kliniken Tal“/ „Psychiatrische Klinik“. (Footpath about. 10 minutes)

### **Arrival by car:**

It is advisable to park either on „Schnarrenbergstraße“ at the parking bays on the side of the road or in the car park P3

from the women's hospital (inner city clinics, Röntgenweg 2) and follow the signs for „Psychiatrische Klinik“.

**Please note** that the entrance from the car park „Altstadt König“ to our clinic is closed and not accessible. You can park in the car park „Altstadt König“ and reach us on foot via Schnarrenbergstraße or Rümelinstraße.

# MEDICAL HISTORY SHEET

Questionnaire completed on: \_\_\_\_\_ by: mother ☐ father ☐ \_\_\_\_\_

## CHILD / YOUNG PERSON

First and last name

Gender

☐ male ☐ female ☐ \_\_\_\_\_

Date of birth

Place of birth

Child lives with

☐ biological parents ☐ foster parents  
☐ biological mother ☐ residential group  
☐ biological father ☐ adoptive parents  
☐ \_\_\_\_\_

Current school form:

(primary school, community college, ...)

Grade:

Class teacher:

Name and address of school:

Phone number:

## REASON FOR CONSULTATION AND AREAS OF CONCERN

Consultation initiated by:

☐ parents ☐ pediatrician / doctor ☐ psychotherapist: \_\_\_\_\_  
☐ school ☐ kindergarten ☐ \_\_\_\_\_

Main Concern / reason for consultation:

When did the problems first occur?

What are you most concerned about with regards to current problems?

What are your expectations from the consultation



EARLY CHILDHOOD DEVELOPMENT			
<b>How did your child develop as an infant?</b> (Eating habits / weight development / growth ...)			
AGE IN MONTHS	<b>Motoric development of the child</b>		
	Sitting alone	Standing alone	Walking freely
	<b>Linguistic development of the child</b>		
	Speaking first words	Forming simple sentences	
	<b>Hygienic development of the child</b>		
	Dry / clean during the day	Dry / clean at night	Fallbacks / relapses
	<b>Was there any evidence of developmental delays? If so, which ones?</b>		
<b>If you compare the development of your child to other children of the same age, you would assess your child as:</b> <input type="checkbox"/> normal/ age appropriate in terms of development <input type="checkbox"/> slower rate of development <input type="checkbox"/> faster rate of development			
DAY CARE / KINDERGARTEN			
<b>Is your child attending / did your child attend a day care center?</b> (under the age of 3)  <input type="checkbox"/> yes, age at entry: <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> years <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> months <input type="checkbox"/> no  <b>Were there any anomalies?</b> <input type="checkbox"/> yes, which ones: _____ <input type="checkbox"/> no  <b>Is your child attending / did your child attend a kindergarten?</b>  <input type="checkbox"/> yes, age at entry: <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> years <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> months <input type="checkbox"/> no, because: _____			
<b>Where there any problems when settling into kindergarten (e.g. separation fear / anxiety)?</b>  <input type="checkbox"/> no <input type="checkbox"/> yes, which ones: _____			

<b>How is your child getting along/ did your child get along with the other children in the kindergarten?</b>	<b>How is your child getting along / did your child get along with the kindergarten teachers?</b>
<b>Are / Were there any anomalies, difficulties or special events in kindergarten?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, which ones:	
<b>Did your child receive any external or additional support during kindergarten?</b> <input type="checkbox"/> skilled worker for integration <input type="checkbox"/> others	
<b>Does / did your child like attending kindergarten?</b> <input type="checkbox"/> very much <input type="checkbox"/> gladly <input type="checkbox"/> medium <input type="checkbox"/> not so much <input type="checkbox"/> very reluctant	
<b>Was there a change of kindergarten?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, when _____ (years; age of the child), why:	
<b>SCHOOL DEVELOPMENT</b>	
<b>When was your child enrolled in school?</b>  Year: _____ Age of the child: <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> years <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> months  What school: _____	
<b>Were there any difficulties at school enrollment?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, which ones:	
<b>Are / Were there any anomalies, difficulties or special events during primary school time?</b>	
<b>How is your child getting along/ did your child get along with the other children in primary school?</b>	<b>How your child getting along/ did your child get along with the teachers in primary school?</b>
<b>Has your child repeated a grade?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, which, why:	
<b>School enrollment in grade 5 (secondary school)</b>  Year: _____ Age of the child: <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> years <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> <span style="display: inline-block; width: 20px; border-bottom: 1px solid black; margin: 0 5px;"></span> months What school: _____	
<b>Was there a change of school?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, when (grade): _____ what school: _____	

<b>Has your child repeated a grade in secondary school?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, which one: _____ <input type="checkbox"/> why: _____
<b>How would you describe your child's current social behavior in school?</b>  
<b>How would you describe your child's current performance in school?</b> <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average
<b>With regards to your child's current academic performance, are you:</b> <input type="checkbox"/> satisfied <input type="checkbox"/> mostly satisfied <input type="checkbox"/> rarely satisfied <input type="checkbox"/> unsatisfied  Grades of the last school report / semi-annual school report: Math: _____ German: _____ English: _____
<b>Does your child have any specific developmental disorders of scholastic skills (e.g. dyslexia, dyscalculia)?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, in which areas (e.g.: math, reading, spelling): _____  <b>Has this been diagnosed before?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, which one, when: _____
<b>STRESSFUL LIFE EVENTS FOR THE CHILD</b>
<b>Please describe</b> (e.g. separation experience, death of an important reference person, birth of siblings, divorce of the parents, ...)
<input type="checkbox"/> separation experience: _____ when: _____
<input type="checkbox"/> divorce of the parents: _____ when: _____
<input type="checkbox"/> death (important reference person): _____ when: _____
<input type="checkbox"/> birth of siblings: _____ when: _____
<input type="checkbox"/> accident: _____ when: _____
<input type="checkbox"/> _____ when: _____

FREE TIME BEHAVIOR AND EVERYDAY FAMILY LIFE					
How often...	Everyday	About 3-5 times per week	About 1-2 times per week	Infrequent	Never
...does your child meet with other children (other than at school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...does your child play outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is your child involved in regular leisure activities? (sports club, community work, musical instrument, ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>What regular leisure activities does your child pursue?</b> (e.g.: soccer, choir, scouts, ...)					
<b>How much time does your child spend using media each day?</b>					
	Less than an hour	About 1-2 hours	About 3-4 hours	More than 4 hours	Not at all
Mobile / smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer / tablet / internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PlayStation / Wii / console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How much time does your child spend with electronic media in total?</b> (TV, PC, Tablet, Handy, etc.) Monday to Friday: <input type="text"/> <input type="text"/> <input type="text"/> hours      Weekend: <input type="text"/> <input type="text"/> <input type="text"/> hours					
DISEASES AND ALLERGIES					
<b>Which diseases has your child had so far?</b>					
<b>Which operations have been made so far?</b>					
<b>Previous hospitalizations:</b>					

<b>Chronic diseases</b>	<input type="checkbox"/> asthma, since: _____ medication: _____ <input type="checkbox"/> others: _____ since: _____ medication: _____	
<b>Allergies</b>	<input type="checkbox"/> medicines: _____  <input type="checkbox"/> food: _____  <input type="checkbox"/> grasses / trees: _____  <input type="checkbox"/> animal hair: _____  <input type="checkbox"/> others: _____	
<b>How long does your child sleep on average?</b>		
Per day: <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> At night: <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		
<b>How long does it take your child to fall asleep?</b> <input type="checkbox"/> 10-30 min. <input type="checkbox"/> 30-60 min. <input type="checkbox"/> 60-90 min. <input type="checkbox"/> 90 -120 min. <input type="checkbox"/> _____	<b>Does your child often wake up at night?</b> <input type="checkbox"/> no <input checked="" type="checkbox"/> yes, how often: <input type="checkbox"/> why (e.g. nightmares, restless sleep, ...):  <b>How do you react?</b>	
<b>FAMILY</b>		
	<input type="checkbox"/> biological mother <input type="checkbox"/> adoptive mother <input checked="" type="checkbox"/> foster mother	<input type="checkbox"/> biological father <input type="checkbox"/> adoptive father <input checked="" type="checkbox"/> foster father
<b>First and last name</b>		
<b>Current address</b>		
<b>Phone number</b>		
<b>Mobile phone number</b>		
<b>Date of birth (age)</b>		



<b>Place of birth</b>		
<b>Nationality</b>		
<b>Learned occupation</b>		
<b>Current occupation</b>		
<b>Work scope</b> hours/week		
<b>Highest general educational qualification</b>	<input type="checkbox"/> not yet graduated / still student <input type="checkbox"/> graduated after a maximum of 7 years of school attendance <input type="checkbox"/> Haupt-/Volksschule <input type="checkbox"/> Realschule / Middle School Certificate / Polytechnic High School <input type="checkbox"/> A-Levels, general or subject-specific university entrance qualification, extended secondary school, university entrance qualification / advanced technical college entrance qualification, city college <input type="checkbox"/> other qualifications (e.g. obtained abroad): _____	<input type="checkbox"/> not yet graduated / still student <input type="checkbox"/> graduated after a maximum of 7 years of school attendance <input type="checkbox"/> Haupt-/Volksschule <input type="checkbox"/> Realschule / Middle School Certificate / Polytechnic High School <input type="checkbox"/> A-Levels, general or subject-specific university entrance qualification, extended secondary school, university entrance qualification / advanced technical college entrance qualification, city college <input type="checkbox"/> other qualifications (e.g. obtained abroad): _____
<b>Highest professional qualification</b>	<input type="checkbox"/> no degree, still in vocational training, e.g. student, trainee, year of vocational preparation, internship <input type="checkbox"/> no professional qualifications and no apprenticeship <input type="checkbox"/> apprenticeship, i.e. vocational training <input type="checkbox"/> training at vocational school, commercial school, i.e. vocational schooling <input type="checkbox"/> technical school, e.g. master's school, technical school, vocational or technical academy <input type="checkbox"/> University of Applied Sciences, Engineering School <input type="checkbox"/> University or college <input type="checkbox"/> other school leaving qualifications (e.g. obtained abroad): _____	<input type="checkbox"/> no degree, still in vocational training, e.g. student, trainee, year of vocational preparation, internship <input type="checkbox"/> no professional qualifications and no apprenticeship <input type="checkbox"/> apprenticeship, i.e. vocational training <input type="checkbox"/> training at vocational school, commercial school, i.e. vocational schooling <input type="checkbox"/> technical school, e.g. master's school, technical school, vocational or technical academy <input type="checkbox"/> University of Applied Sciences, Engineering School <input type="checkbox"/> University or college <input type="checkbox"/> other school leaving qualifications (e.g. obtained abroad): _____
<b>Gainful employment</b>	<input type="checkbox"/> working fulltime <input type="checkbox"/> working part-time <input type="checkbox"/> marginally employed <input type="checkbox"/> unemployed <input type="checkbox"/> retired / early retirement since: _____	<input type="checkbox"/> working fulltime <input type="checkbox"/> working part-time <input type="checkbox"/> marginally employed <input type="checkbox"/> unemployed <input type="checkbox"/> retired / early retirement since: _____

<b>Professional status</b> (if currently not / no longer employed: professional status you held last)	<input type="checkbox"/> employee <input type="checkbox"/> worker <input type="checkbox"/> civil servant <input type="checkbox"/> farmer in main occupation <input type="checkbox"/> self-employed without employees <input type="checkbox"/> self-employed with employees <input type="checkbox"/> working for the family (unpaid) <input type="checkbox"/> trainee, volunteer <input type="checkbox"/> voluntary military service or federal voluntary service <input type="checkbox"/> voluntary social / environmental / cultural year <input type="checkbox"/> never been in an employment	<input type="checkbox"/> employee <input type="checkbox"/> worker <input type="checkbox"/> civil servant <input type="checkbox"/> farmer in main occupation <input type="checkbox"/> self-employed without employees <input type="checkbox"/> self-employed with employees <input type="checkbox"/> working for the family (unpaid) <input type="checkbox"/> trainee, volunteer <input type="checkbox"/> voluntary military service or federal voluntary service <input type="checkbox"/> voluntary social / environmental / cultural year <input type="checkbox"/> never been in an employment		
<b>Details of management and leadership duties/ authority to give instructions to employees who are not apprentices</b>	<input type="checkbox"/> yes, as a manager (with decision-making authority over personnel, budget and strategy) <input type="checkbox"/> yes, as supervisor (guiding and supervising staff, distributing and controlling work) <input type="checkbox"/> no	<input type="checkbox"/> yes, as a manager (with decision-making authority over personnel, budget and strategy) <input type="checkbox"/> yes, as supervisor (guiding and supervising staff, distributing and controlling work) <input type="checkbox"/> no		
<b>Custody</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
<b>LIVING SITUATION OF PARENTS</b>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> living together, since: _____  <input type="checkbox"/> married, since: _____  <input type="checkbox"/> living separately, since: _____         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> divorced, since: _____  <input type="checkbox"/> other family constellation: _____         </td> </tr> </table>			<input type="checkbox"/> living together, since: _____ <input type="checkbox"/> married, since: _____ <input type="checkbox"/> living separately, since: _____	<input type="checkbox"/> divorced, since: _____ <input type="checkbox"/> other family constellation: _____
<input type="checkbox"/> living together, since: _____ <input type="checkbox"/> married, since: _____ <input type="checkbox"/> living separately, since: _____	<input type="checkbox"/> divorced, since: _____ <input type="checkbox"/> other family constellation: _____			
<b>FOR PARENTS LIVING SEPARATELY</b>				
	<b>Partner of mother</b>	<b>Partner of father</b>		
<b>First and last name</b>				
<b>Date of birth (age)</b>				
<b>Place of birth</b>				
<b>Nationality</b>				
<b>Partnership since</b>				
<b>Living together since</b>				
<b>Learned occupation</b>				

<b>Current occupation</b>		
<b>Working Hours</b> (hours/week)		
<b>Highest general educational qualification</b>	<input type="checkbox"/> not yet graduated / still student <input type="checkbox"/> graduated after a maximum of 7 years of school attendance <input type="checkbox"/> Haupt-/Volksschule <input type="checkbox"/> Realschule / Middle School Certificate / Polytechnic High School <input type="checkbox"/> A-Levels, general or subject-specific university entrance qualification, extended secondary school, university entrance qualification / advanced technical college entrance qualification, city college <input type="checkbox"/> other graduations (e.g. obtained abroad): _____	<input type="checkbox"/> not yet graduated / still student <input type="checkbox"/> graduated after a maximum of 7 years of school attendance <input type="checkbox"/> Haupt-/Volksschule <input type="checkbox"/> Realschule / Middle School Certificate / Polytechnic High School <input type="checkbox"/> A-Levels, general or subject-specific university entrance qualification, extended secondary school, university entrance qualification / advanced technical college entrance qualification, city college <input type="checkbox"/> other graduations (e.g. obtained abroad): _____
<b>Highest professional qualification</b>	<input type="checkbox"/> no degree, still in vocational training, e.g. student, trainee, year of vocational preparation, internship <input type="checkbox"/> no professional qualifications and no apprenticeship <input type="checkbox"/> apprenticeship, i.e. vocational training <input type="checkbox"/> training at vocational school, commercial school, i.e. vocational schooling <input type="checkbox"/> technical school, e.g. master's school, technical school, vocational or technical academy <input type="checkbox"/> University of Applied Sciences, Engineering School <input type="checkbox"/> University or college <input type="checkbox"/> other school leaving qualifications (e.g. obtained abroad): _____	<input type="checkbox"/> no degree, still in vocational training, e.g. student, trainee, year of vocational preparation, internship <input type="checkbox"/> no professional qualifications and no apprenticeship <input type="checkbox"/> apprenticeship, i.e. vocational training <input type="checkbox"/> training at vocational school, commercial school, i.e. vocational schooling <input type="checkbox"/> technical school, e.g. master's school, technical school, vocational or technical academy <input type="checkbox"/> University of Applied Sciences, Engineering School <input type="checkbox"/> University or college <input type="checkbox"/> other school leaving qualifications (e.g. obtained abroad): _____
<b>Gainful employment</b>	<input type="checkbox"/> working fulltime <input type="checkbox"/> working part-time <input type="checkbox"/> marginally employed <input type="checkbox"/> unemployed <input type="checkbox"/> retired / early retirement since: _____	<input type="checkbox"/> working fulltime <input type="checkbox"/> working part-time <input type="checkbox"/> marginally employed <input type="checkbox"/> unemployed <input type="checkbox"/> retired / early retirement since: _____
<b>Professional status</b> (if currently not / no longer employed: professional status you held last)	<input type="checkbox"/> employee <input type="checkbox"/> worker <input type="checkbox"/> civil servant <input type="checkbox"/> farmer in main occupation <input type="checkbox"/> self-employed without employees	<input type="checkbox"/> employee <input type="checkbox"/> worker <input type="checkbox"/> civil servant <input type="checkbox"/> farmer in main occupation <input type="checkbox"/> self-employed without employees

	<input type="checkbox"/> self-employed with employees <input type="checkbox"/> working for the family (unpaid) <input type="checkbox"/> trainee, volunteer <input type="checkbox"/> Voluntary military service or federal voluntary service <input type="checkbox"/> Voluntary social / environmental / cultural year <input type="checkbox"/> never been in an employment	<input type="checkbox"/> self-employed with employees <input type="checkbox"/> working for the family (unpaid) <input type="checkbox"/> trainee, volunteer <input type="checkbox"/> Voluntary military service or federal voluntary service <input type="checkbox"/> Voluntary social / environmental / cultural year <input type="checkbox"/> never been in an employment
<b>Details of management and leadership duties/ authority to give instructions to employees who are not apprentices</b>	<input type="checkbox"/> yes, as a manager (with decision-making authority over personnel, budget and strategy) <input type="checkbox"/> yes, as supervisor (guiding and supervising staff, distributing and controlling work) <input type="checkbox"/> no	<input type="checkbox"/> yes, as a manager (with decision-making authority over personnel, budget and strategy) <input type="checkbox"/> yes, as supervisor (guiding and supervising staff, distributing and controlling work) <input type="checkbox"/> no

### RELATIONSHIP ARRANGEMENTS (IN CASE OF SEPARATED PARENTS)

- ☐ There is contact with the non-resident parent. How often?
- ☐ There is **no** contact with the biological father/mother. Since when and why?

#### Contact arrangements were arranged by:

- ☐ parents with each other / by mutual agreement
☐ advice center
☐ Youth welfare office
- ☐ court
☐ \_\_\_\_\_

#### How satisfied are you with the existing contact arrangements?

- ☐ very satisfied
☐ satisfied
☐ unsatisfied

#### Other living situation:

- ☐ lives with the grandparents
☐ lives in a residential group
- main contact person:** \_\_\_\_\_

### SIBLINGS

	1	2	3	4	5
<b>First name</b>					
<b>Last name</b>					
<b>Date of birth</b>					
<b>Relationship</b>	<input type="checkbox"/> full-siblings <input type="checkbox"/> half-siblings <input type="checkbox"/> step-siblings	<input type="checkbox"/> full-siblings <input type="checkbox"/> half-siblings <input type="checkbox"/> step-siblings	<input type="checkbox"/> full-siblings <input type="checkbox"/> half-siblings <input type="checkbox"/> step-siblings	<input type="checkbox"/> full-siblings <input type="checkbox"/> half-siblings <input type="checkbox"/> step-siblings	<input type="checkbox"/> full-siblings <input type="checkbox"/> half-siblings <input type="checkbox"/> step-siblings
<b>In case of half-siblings / step-siblings</b>	<input type="checkbox"/> maternal <input type="checkbox"/> paternal	<input type="checkbox"/> maternal <input type="checkbox"/> paternal	<input type="checkbox"/> maternal <input type="checkbox"/> paternal	<input type="checkbox"/> maternal <input type="checkbox"/> paternal	<input type="checkbox"/> maternal <input type="checkbox"/> paternal



Previous treatments / therapies			
(e.g.: early education, psychotherapy, occupational therapy, learning therapy, medication)			
<b>Type of treatment</b> (In case of therapy: type and name of therapist/doctor in case of medication: name and dose of medication)	<b>Age</b> (at beginning)	<b>Duration</b> (months and frequency/ number of contacts)	<b>Where / What exactly?</b>
Occupational therapy			
Speech therapy			
Learning therapy			
Psychological information center			
Outpatient psychotherapy			
<b>Type of treatment</b> (In case of therapy: type and name of therapist/doctor in case of medication: name and dose of medication)	<b>Age</b> (at beginning)	<b>Duration</b> (months and frequency/ number of contacts)	<b>Where / What exactly?</b>
Child psychiatric treatment			
psychotherapy in a day clinic			
Inpatient psychotherapy			
Outpatient crisis intervention / emergency consultation			
Inpatient crisis intervention			
Medication			<b>Name:</b>  <b>Dose:</b>
Other treatments			
Previous diagnoses (if known):			
<b>YOUTH WELFARE OFFICE</b>			
<b>Is or your family or has your family been in contact with youth welfare services?</b> <input type="checkbox"/> no <input type="checkbox"/> yes			

<b>If so, which youth welfare office was / is responsible?</b> <input type="checkbox"/> Tübingen <input type="checkbox"/> Reutlingen <input type="checkbox"/> _____	
Responsible contact person: Name: _____ Phone number: _____	
<b>Type of assistance provided by youth welfare services:</b> <input type="checkbox"/> Counseling <input type="checkbox"/> Aufsuchende sozialpädagogische Familienhilfe (SPFH) <input type="checkbox"/> Educational supervisor <input type="checkbox"/> Intensive case-by-case assistance <input type="checkbox"/> Family therapy <input type="checkbox"/> Day care group <input type="checkbox"/> Residential group <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Start date and scope (hours per week) of assistance:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>Has your child had a hospitalization of four days or more in the past 12 months?</b>	<input type="checkbox"/> no <input type="checkbox"/> yes
If your child is to be considered for an inpatient stay in our clinic or a stay in our day clinic, we kindly ask you to check their vaccination certificate with your pediatrician before admission. If there are upcoming vaccinations, please arrange for them to be taken immediately. Please bring the vaccination certificate with you to the preliminary interview.	
<b>Are there things that have not been mentioned so far but could be important in order to better understand the problem?</b>	
<b>If you wish, you can list your expectations here:</b>	

**Thank you very much!**