

Katrin Schuy

Systemische Einzel- und Paartherapie Berlin

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### **Dear new client(s),**

Thank you very much for your booking. In preparation for our first session, I would like to answer some frequently asked questions and provide you with some valuable information that will facilitate effective treatment.

### **What does a typical first session look like?**

At the beginning of the first session, I will introduce myself briefly. Afterwards it is your turn: What brings you to my practice? I would like to get to know you and find out which topic you would like to work on in your counselling/therapy. What have you tried so far to cope with your issue, what has worked and what has not? Many clients have already developed hypotheses as to why they are struggling with certain issues. I am also curious about these. I will ask a lot of questions and ask you for your point of view.

Afterwards, I will tell you what I can offer to help you with your issues. I will explain my methods and show you alternatives from which you can choose the one(s) that suit you best. We will discuss your goals for your therapy: What do you want to achieve? How would you notice that you have made one or more steps towards these goals?

By the end of the first session, we both should know if we are a good fit. I will be able to assess whether I can help you. If I think that a different approach might be more suitable, I will let you know right away.

In the last minutes of our first session, there will be another opportunity for you to ask questions and we will discuss a few organizational issues (making an appointment, how often we meet, does it make sense to book single sessions or a package, invoice, etc.).

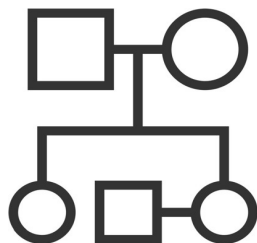
### **Why should I fill out a questionnaire before my first session?**

Only few people like paperwork. Me neither.

Nevertheless, it would be helpful to have relevant information concerning your medical and/or relationship history before the first session. There are two good reasons for this:

1. Before our first session, I will have a first idea of where you see your problem, what your issues are and what you have already tried to cope with them. This saves time in the session. I can ask more specific questions and we will faster get to the "heart of the matter".
2. In my experience, a short writing process helps many clients to organize their thoughts and set priorities. Just filling out this questionnaire can help you to get a clearer understanding of your problem.

If you feel uncomfortable or overwhelmed by the questions, just leave them alone. It is ok! We can also collect the necessary details together in our first session.



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### What information should I include?

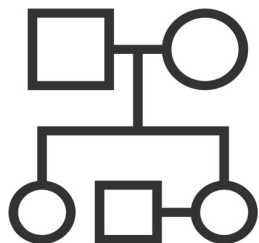
You will quickly notice that there are a lot of questions. You do not have to answer all of them.

Please, decide which question might be **relevant for your specific topic**.

Just follow the principle: **As little as possible and as much as necessary**.

**For couples: Please, fill in the forms individually.**

If you are considering **hypnosis therapy**, please answer the questions listed under this heading (Hypnosis Therapy). This is important because some pre-existing conditions may be contraindication and may therefore rule out this form of treatment.



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**Questionnaire: Medical and Family History**

Date: .....

Dear client(s),  
This questionnaire helps to make your treatment more efficient. It will be part of your medical history and is subject to confidentiality.

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**Demographics and Family Background:**

Surname, First name(s):	DoB:
Address:	Tel. / E-Mail:
Occupation:	
Marital Status:	since:
cohabitating since:	married since:
divorced from:	since:

<b>Children</b>	<b>DoB.</b>	<b>Your feelings towards the child*</b>
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<b>Stepchildren</b>	<b>DoB</b>	<b>Your feelings towards the child*</b>
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Any problems with one or more of the children or any other person?

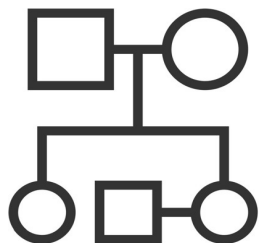
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\* a short description is enough



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**Current Problems or Issues:**

a. For which problems/ issues do you seek help? How long have you had these issues? Please, describe briefly how they have developed.

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.....

b. Was there a specific trigger for your problems?

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c. How often do the problems occur? When exactly?

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d. Were/ Are there times/ situations without them?

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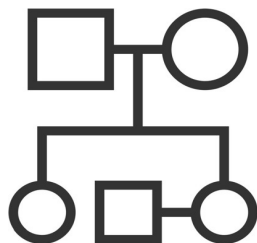
e. How much (0-10) do you suffer from these problems:

not at all (0) ----- (10) unbearable

**How much are you motivated to get help?**

- Strongly
- A bit
- It was not my idea to ask for help. I was sent to therapy because:

.....



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**Is there anything else I should know?**

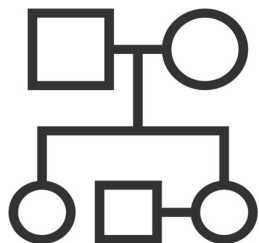
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**Have you ever been in treatment because of mental health issues?**

When? \_\_\_\_\_

Form of treatment? (out-patient/ in hospital) \_\_\_\_\_

Which type of treatment? (behavioral therapy/ psychoanalysis/ systemic/ hypnotherapy/ other types...) \_\_\_\_\_



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Which fields are difficult for you :	a little					a lot?
	0	1	2	3	4	5
Communication/ quarreling						
Quality time together						
Sexuality						
Emotionale closeness						
Autonomy						
Daily chores						
Problems with kids						
An Affair (who: _____ since: _____)						
Relationship to family						
Relationship to expartner/ exfamily						
Health-related problems (who: _____ since: _____)						
Mental Health problems (who: _____ since: _____)						
Occupational Stress						
Problems at work						
Financial problems (income/ expenditure)						
Living situation						
Decision making (which: _____)						
Physical or mental abuse (who: _____ since: _____)						
Addiction (who: _____ since: _____)						
Ambivalence concerning separation/ divorce						
Other problems: (which: _____)						

What would be the best \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

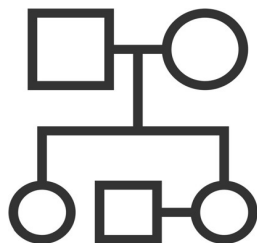
What would be the worst \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

outcome of therapy?

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**If you are considering hypnotherapeutic treatment, please answer the questions below:**

Are you suffering or have you ever suffered from any of the following diseases?

- Psychosis (e.g. Schizophrenia, Bipolar Disorder, Delusional Depression, ..... )
- Personality Disorder
- Epilepsy or Seizures
- Heart Problems
- Problems of the Central Nervous System
- Thrombosis
- Depression
- ADHS

**Thank you very much for your time!**

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