



# Patient record: Psychology

Blank form to fill in by hand.

Clinic

Doctor

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd/mm/yyyy

## Essentials

First name

Last name

Date of birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd/mm/yyyy

Place of birth

Nationality

Profession

Phone number

Email

Address

Gender

☐ Female ☐ Male ☐ Non binary ☐ Prefer not to say

## 1. Initial Assessment

Presenting problem

Referred by

History of the problem

Previous treatment

### Current medications

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## 2. Background

### Family and social situation

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### Work or study situation

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### Sleep quality

☐ Good   ☐ Moderate   ☐ Poor

### Alcohol or substance use?

☐ Yes   ☐ No

If yes, give details: 

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## 3. Risk Assessment

### Current risk level

☐ Low   ☐ Moderate   ☐ High

### Suicidal ideation, current or past?

☐ Yes   ☐ No

If yes, give details: 

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### Self-harm?

☐ Yes   ☐ No

If yes, give details: 

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### Risk to others?

☐ Yes   ☐ No

If yes, give details: 

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### Safety plan

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## 4. Formulation and Goals

### Case formulation

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## Therapy goals

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## Therapeutic approach

☐ CBT   ☐ Psychodynamic   ☐ Systemic   ☐ Humanistic   ☐ EMDR   ☐ Integrative

## 5. Confidentiality and Consent

### Consent to therapy

1. I have been informed about the nature of the psychological service, the therapeutic approach, its expected duration and possible alternatives.
2. I have been informed that everything discussed is confidential and kept in line with data protection law.
3. I have been informed that confidentiality may be broken only where there is an immediate risk to my life or another person's, or where the law requires it.
4. I have had the opportunity to ask questions and freely agree to begin therapy, knowing that I may stop it at any time.

Patient or Legal Representative Signature

Doctor Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

## 6. Session Notes

### Sessions

| Date | Session # | Main theme | Risk | Homework |
|------|-----------|------------|------|----------|
|      |           |            |      |          |
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### Additional notes

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Signature

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd/mm/yyyy