Universitätsmedizin Göttingen, 37099 Göttingen
Klinik für Psychiatrie und Psychotherapie, von-Siebold-Str. 5, 37075 Göttingen

Universitätsmedizin Göttingen
Klinik für Psychiatrie und Psychotherapie
Ambulanz für Sexualmedizin und Sexualtherapie
Von-Siebold-Str. 5
37075 Göttingen

UNIVERSITÄTSMEDIZIN GÖTTINGEN UMG
Klinik und Poliklinik für Psychiatrie und Psychotherapie
Direktor: Prof. Dr. Jens Wiltfang
Ärztliche Leitung
Prof. Dr. Jens Wiltfang

37099 Göttingen **Briefpost**
Von-Siebold-Str. 5, 37075 Göttingen **Adresse**
0551 39 62007 Telefon

Anderson-Schmidt/so
09.09.2019 **Datum**

Questionnaire for the outpatient department of sexual medicine and sexual therapy of the University Medical Center Göttingen

We would greatly appreciate your compliance with answering the following questions as precisely as possible. Thank you!

Surname, first name	
Date of Birth	
Phone number (landline/mobile)	
Email-address	
Native tongue	

Reason(s) for contacting a sexual psychotherapist:

- ☐ Concerns about loss of sexual desire/ decreased sexual desire
- ☐ Difficulty with sexual arousel
- ☐ Premature ejaculation
- ☐ Erectile functioning concerns
- ☐ Trouble reaching orgasm
- ☐ Painful intercourse (dyspareunia)
- ☐ Intercourse impossible (vaginismus)
- ☐ Fetish
- ☐ Increased sexual desire
- ☐ Impulsive/ compulsive sexual behaviour
- ☐ Gender dysphoria/ trans*/ inter*
- ☐ Other (please specify)

Please describe your current issues/ problems regarding your sexuality/ details of your problem.

When did your issues/ problems start? (rough estimate)

Type of change in sexuality

- ☐ Unexpected and sudden
- ☐ Gradual
- ☐ Almost imperceptible

Medical conditions/ somatic problems

Disease	Yes	No	Unknown
Thyroid problems	☐	☐	☐
Heart/ cardio-vascular diseases	☐	☐	☐
Diabetes	☐	☐	☐
Liver-/ Kidney problems	☐	☐	☐
Cancer	☐	☐	☐
Neurological disorders	☐	☐	☐
Psychiatric disorders (e.g. depression, anxiety disorders, etc.)	☐	☐	☐

Other (please specify)

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Sparkasse Göttingen (260 500 01) Kto: 448, IBAN: DE55 2605 0001 0000 0004 48, BIC: NOLADE21GOE

Current medication (including over the counter medication), if possible please specify:

Name of medication	Dosage	Timing	Purpose

Have you already consulted a medical professional due to these issues, e.g. urologist/ gynaecologist/ endocrinologist/ psychiatrist etc.

☐ If yes, please provide details

☐ No

How can we best address your main concern(s)? What are your aims?

☐ Consultation

☐ Psychotherapy

☐ Sexual education

☐ Second opinion

☐ Other (please specify)

Comments:

Date:

Thank you for taking your time to answer these questions. Please note that we are a special outpatient department, which is currently run as a part-time job. Hence, it may be the case that some time may pass until your first appointment. I am trying to get back to you as quickly as I can and will confirm that I have received your form.

Thanks a lot for your patience and understanding!

Kind regards,

Dr. Heike Anderson-Schmidt

Psychologist, systemic sexual psychotherapist

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