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 čj. 1569-19-301

**Initial Medical Examination of 1st and 2nd Class (mental health)**

**Name and surname: Date of birth:**

**Has your mother had any complications during gravidity or childbirth? YES NO**

*If so, please specify:*

**When you were born, it was: normal childbirth – premature childbirth**

**Your childbirth was: normal – by tongs – Caesarean section**

**Have you progressed normally in your childhood? YES NO** *If not, why:*

**Have you ever been treated in a hospital? YES NO** *If so, where and what was the reason and how long?*

**What is your highest education?**

**Have you failed or repeated some class at school? YES NO**

*If so, how many times and which class:*

**Have you had any problem (e.g. lowered classification) in your behavior at school?** *If so, please specify the reason:* **YES NO**

**Were you changing your job/employer often in the past? YES NO**

*If so, please specify the reason:*

**Are you satisfied with current job ? YES NO**

*If not, why?:*

**Have you had any conflicts with your superiors? YES NO**

**Have you had any conflicts with your co-workers? YES NO**

**Have you had any conflicts or mismatches with other people? YES NO**

*If so, please specify who, where, why, what kind:*

**Have any criminal proceedings been ever initiated against you? Have you ever**

**been prosecuted? Have you ever been involved in civil law proceedings? YES NO YES NO**

*If so when and what was the cause?*

**Have you been suffering from any psychic disorders? YES NO**

* Mood disorders
* Anxiety states
* Sleep disorders
* Eating disorders

**Have you ever been treated by psychiatrist? YES NO** *If so, what was the reason?*

**Have you been taking psycho-pharmacologic drugs? YES NO** *If so what kind of, reason, how long?*

**Have you been taking any habitual drugs? YES NO** *If so: - What kind?*

*- How often?*

*- How long?*

*- How many years?*

*-* ***How were you been treated for dependence on drugs?***

**Do you drink alcohol? YES NO**

*If so: - What kind?*

*- Volume or how many glasses?*

*- How often?*

*- How long?*

**- Have you ever been treated for alcoholism ?**

**Have you ever suffered from a lack of energy, or loosing interests ? YES NO**

*If so, specify the reason:*

**Have you changed your eating habits (incl. changes in your weight)? YES NO**

*If so, specify the reason*

**Have you been suffering from sleep disturbances? YES NO** *If so: - Please, specify the reason:*

*- How long?*

*- How are they proving (fall asleep disorder, awakening, sleep insufficiency, etc)?*

**Have you had any mood changes or suicidal intentions or ideas? YES NO**

*If so, please specify:*

**Has anybody of your relatives suffered from psychic disorder or attempted to commit a suicide?**

*If so, what kind of disorder, by whom:* **YES NO**

**Date: Signature:**