

File No :DB1024-3

# **Basic Information**

Nick Name :	Lmn
For:	Myself
Age:	40-49 years (adult)
Sex:	Female
Country:	Australia
State :	Asdf
State :	City
Zip:	4657
Symptoms	
Let me help you further:	None
Files:	pdf-sample.pdf
Height:	165 Cm

55 Kg

Aug 09,2016

Aug 09,2016

# **Physical Symptoms**

Weight:

Created On:

Updated On:

Name	Rate	<b>Customer Note</b>	Date
pain and swelling	Severe	ghi	Aug 09,2016
fever, chills and night sweats with chest pain when you cough	Medium	def	Aug 09,2016

Fever Light abc Aug 09,2016

## Questionnaire

#### **General 1**

Please select one or more statements that applicable for you. I have

We would like to know more about your family and work environment. Please provide details about your family, work and social life.

#### **General 2**

Do you have any addictive behavior?

No

#### **General 3**

I have thoughts of hurting myself

#### No Answer

I hear voices other people couldn't hear

#### True

I have a feeling that others are able to hear my thoughts.

#### True

I can hear what other people think

True

## Personality 1

We would like to know more about your personality. Please choose a statements that best suited for you.

### No Answer

Meeting people

#### No Answer

There are people who are easily influenced or highly suggestible, without a solid opinion of their own, and others take advantage of them. I feel

# No Answer I believe we have to trust people I lose control of emotions-No Answer It is important for some people to perform to the fullest. Others prefers to go with the flow. Select one or more sentences applicable to you. Please select one or more applicable to you. I am feeling for a period of No Answer in a manner of No Answer I experience No Answer I believe: No Answer I find it-No Answer At times No Answer I can make No Answer I attempted suicide No Answer I am No Answer without company of others I am an orderly person-No Answer I No Answer dress up to attract the attention of others The need to relate and feel accepted No Answer My confidence level

No Answer

No Answer
Whenever others give feedback about my life that means they
No Answer
I mostly like
No Answer
My social behaviours
No Answer
I prefer to
No Answer
I prefer to work
No Answer
In my family, decisions are made by
No Answer
I can sit and concentrate on my work for more than
No Answer
I have to follow certain procedures that I made for me otherwise I become upset.
No Answer
My cultural background is
No Answer
My religious background is
No Answer
To express my feelings
No Answer
Personality 2
Some people claim that they can do extraordinary things like they can predict future, mind reading, telepathy
Personality 4

I feel

No Answer

I always tell

I express my feeling the way I want to

# No Answer

I harm myself