**Short Version Eurythmy Therapy Case Vignette**

Please submit by 31.7 2021 via email [katharina.gerlach@medsektion-ikam.org](mailto:mailto:katharina.gerlach@medsektion-ikam.org)

For more detailed guidance, please see the guide published on [www.eurythmytherapy-med.sektion.net](http://www.eurythmytherapy-med.sektion.net) . This template can be filled out and the headings changed as needed

***Patient presentation:***

Age, gender, profession:

Description (e.g. hair type/colour, statur)

Unique charactaristica:

***Diagnosis***

1. Referral:

|  |  |  |
| --- | --- | --- |
|  | **Diagnose** |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

1. Further Symptoms mentioned by the patient.

|  |  |
| --- | --- |
|  | **Symptom** |
| 1 |  |
| 2 |  |
| 3 |  |

***3 and 4-fold membership description:***

***Main theme of the therapy***

***Therapy aims:***

***Exercises done***

(the table will accommodate the text as it is being filled out)

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | **Exercise** | **How it was done** | **Why it was chosen** |
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***Time line (relevant past medical history/ The therapy)***

(the table will accommodate the text as it is being filled out)

|  |  |  |
| --- | --- | --- |
| **Month+Year** | **Relevant past medical history/ patient comments to the sessions/ their progress both with symptoms and personal development.** | **Therapist observations** |
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***What are my questions to colleagues?***

*The questionnaire can be printed and completed by the patient to begin, during and after the block of therapy*

