

QUESTIONNAIRE FOR INITIAL CONSULTATION

MELANIE SCHROEDER

ADHD COACHING | MINDFULNESS | REIKI



Personal Information

First Name, Last Name	
Age	
Adress	
What professional or educational activity are you currently engaged in?	
Do you have children or commitments that affect your scheduling?	

Reason for seeking support

What is your motivation for contacting me?

How did you hear about me?

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Please describe the problems you are currently facing.

What do you believe is causing these problems?

How did you become aware that these problems exist?

Impact of the problem on your life

What impact do these problems have on your daily life?

How long have these problems been present?

FRAGEBOGEN ZUM ERSTGESPRÄCH

MELANIE SCHROEDER

SOMATIC COACHING | ADHS COACHING | ACHTSAMKEIT & REIKI



Are there situations in which you have successfully managed these challenges?

☐ No ☐ Yes, please explain:

ADHD Background

When were you diagnosed with ADHD (if applicable)?

What challenges or symptoms of ADHD do you experience in your daily life? (e.g., difficulty concentrating, impulsivity, forgetfulness)

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Have you already had experience with other forms of support, such as therapy, medication, or coaching?

☐ Yes ☐ No

- *If yes*, what has helped you, and what has not worked?