

## **Medical History**

Describe your health conditions: When they began, how they have been investigated, and what treatments you have received (e.g. medication, psychological support, rehabilitation).

Please also include your use of medication, supplements, tobacco, snuff, alcohol, and any other substances.

Feel free to highlight the conditions that affect your daily life the most.

## **Daily Functioning**

Provide a brief overview of a typical 24-hour day.

Describe what you are able to manage on your own and where you experience limitations or need support.

## **Work and Interests**

Share any experiences that have influenced your educational or career choices.

What do you feel you are good at – and what are your hopes or goals for your working life?