VR TierOne

Treating depression and anxiety with Virtual Reality

stamp

PATIENT QUALIFICATION FORM

VR TierOne therapy

1. PERSONAL DATA

Please fill in the following details:

NAME AND SURNAME .....

DATE OF BIRTH .....

PESEL (Personal ID no.) .....

MOBILE .....

2. CONTRAINDICATIONS TO THERAPY

The following conditions disqualify you from participating in VR TierOne therapy.
Please tick the answer that applies to you:

- ☐ Photogenic epilepsy
- ☐ Schizophrenia
- ☐ Productive symptoms (e.g. delusions, hallucinations)
- ☐ Aphatic disorders*
- ☐ Claustrophobia
- ☐ Recovery after eye surgery (e.g. cataract surgery)
- ☐ Implanted pacemaker or other electronic medical device**

*the ability to understand spoken language is required

** medical consultation is recommended regarding the device's immunity to operation in an electromagnetic field

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(date, patient's signature)

3. QUALIFICATION FOR THERAPY (to be completed by the therapy supervisor)

- ☐ Qualified for therapy
- ☐ Rejected

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(date, signature of the supervisor)