Appointment with the POH-GGZ or POH-Jeugd (mental health practitioner of the general practitioner)

Dear

The doctor has given you this letter about the POH-GGZ (*praktijkondersteuners* GGZ, or mental health practitioner) and the POH-Jeugd (*praktijkondersteuners* Jeugd, youth mental health practitioner). These *praktijkondersteuners* are part of the general practice, but are located in two different locations in Katwijk. With this letter we would like to explain what you can expect from these mental health practitioners.

People can come to the doctor for different reasons. Sometimes because of physical complaints, but people can also come because of emotional difficulties. The doctor performs an exam to find the cause of the complaints. Sometimes there is no physical explanation. There may be psychological or social factors at play that can cause or maintain the complaints. In that case, more time is needed to assess the situation.
To do this well, the general practitioner has appointed *praktijkondersteuners GGZ* and *Jeugd.* These mental health practitioners are employed by all general practitioners within Zorggroep Katwijk. Our mental health practitioners have all been educated and trained in mental health in the general practice. Their primary goal is to assess with you what could be going on. Through conversations and questionnaire(s) she will assess your complaints and questions and discuss these with you. Subsequently she will advise you and the doctor about a possible approach. The *praktijkondersteuners* have an extensive overview of the possibilities for support or therapy.

It is your choice if you want to go the first appointment alone or with your parents.

Attached to this letter is a questionnaire. **Please fill this out and bring it with you to the first appointment.**

If you have any questions, please discuss these with your doctor or the doctor's assistant. For more information you can also visit the site of Zorggroep Katwijk: www.zgkatwijk.nl/poh-ggz
The assistant of the *praktijkondersteuners* GGZ team will contact you to make a first appointment (by phone or by letter). You can put the details of this appointment below; make sure you write down the correct location.

You have an appointment on: …… at …… with ……

The address is:
0 Medisch Centrum De Coepel, Randweg 47, 2225 PJ Katwijk.
Floor -1 (after you enter the building, take the stairs on the right to go downstairs and follow the signs that say POH-GGZ).
Telephone number: 06-12131820
0 Parlevink, Vinkeweg 70, 2223 JR Katwijk.
You can take place in the waiting room, immediately after the second door.
Telephone number: 06-30032371

If you cannot make the appointment, please reschedule or cancel via above-mentioned telephone number.
Appointments can be rescheduled through our assistent, preferably between 8:45-11:30. If you cannot reach us, you can leave a message on the voicemail. Please state your name, date of birth and telephone number so we can call you back as soon as possible.

Four-Dimensional Symptom Questionnaire (4DSQ)

The following is a list of questions about various complaints and symptoms you may have. Each question refers to the complaints and symptoms that you had **in the past week (the past 7 days, including today)**. Complaints you had before then, but no longer had during the past week, do not count.
Please indicate for each complaint how often you noticed that you had it in the past week by putting an "X" in the box under the answer that is most appropriate.

	no	sometimes	regularly	often	very often or constantly
During <u>the past week</u>, did you suffer from:					
1. dizziness or feeling light-headed?	☐	☐	☐	☐	☐
2. painful muscles?	☐	☐	☐	☐	☐
3. fainting?	☐	☐	☐	☐	☐
4. neck pain?	☐	☐	☐	☐	☐
5. back pain?	☐	☐	☐	☐	☐
6. excessive sweating?	☐	☐	☐	☐	☐
7. palpitations?	☐	☐	☐	☐	☐
8. headache?	☐	☐	☐	☐	☐
9. a bloated feeling in the abdomen?	☐	☐	☐	☐	☐
10. blurred vision or spots in front of your eyes?	☐	☐	☐	☐	☐
11. shortness of breath?	☐	☐	☐	☐	☐
12. nausea or an upset stomach?	☐	☐	☐	☐	☐
During <u>the past week</u>, did you suffer from:					
13. pain in the abdomen or stomach area?	☐	☐	☐	☐	☐
14. tingling in the fingers?	☐	☐	☐	☐	☐
15. pressure or a tight feeling in the chest?	☐	☐	☐	☐	☐
16. pain in the chest?	☐	☐	☐	☐	☐
17. feeling down or depressed?	☐	☐	☐	☐	☐
18. sudden fright for no reason?	☐	☐	☐	☐	☐
19. worry?	☐	☐	☐	☐	☐
20. disturbed sleep?	☐	☐	☐	☐	☐
21. a vague feeling of fear?	☐	☐	☐	☐	☐
22. lack of energy?	☐	☐	☐	☐	☐
23. trembling when with other people?	☐	☐	☐	☐	☐
24. anxiety or panic attacks?	☐	☐	☐	☐	☐
During <u>the past week</u>, did you feel:					
25. tense?	☐	☐	☐	☐	☐
26. easily irritated?	☐	☐	☐	☐	☐
27. frightened?	☐	☐	☐	☐	☐

		no	sometimes	regularly	often	very often or constantly
During <u>the past week</u>, did you feel:						
28.	that everything is meaningless? - - - - - - - - - - - - - -	☐	☐	☐	☐	☐
29.	that you just can't do anything anymore? - - - - - - -	☐	☐	☐	☐	☐
30.	that life is not worth while? - - - - - - - - - - - - - - - - -	☐	☐	☐	☐	☐
31.	that you can no longer take any interest in the people and things around you? - - - - - - - - - - - - - -	☐	☐	☐	☐	☐
32.	that you can't cope anymore? - - - - - - - - - - - - - -	☐	☐	☐	☐	☐
33.	that you would be better off if you were dead? - - -	☐	☐	☐	☐	☐
34.	that you can't enjoy anything anymore? - - - - - - - -	☐	☐	☐	☐	☐
35.	that there is no escape from your situation? - - - - -	☐	☐	☐	☐	☐
36.	that you can't face it anymore? - - - - - - - - - - -	☐	☐	☐	☐	☐
During <u>the past week</u>, did you:						
37.	no longer feel like doing anything? - - - - - - - - - - -	☐	☐	☐	☐	☐
38.	have difficulty in thinking clearly? - - - - - - - - - - - -	☐	☐	☐	☐	☐
39.	have difficulty in getting to sleep? - - - - - - - - - - - -	☐	☐	☐	☐	☐
40.	have any fear of going out of the house alone? - - -	☐	☐	☐	☐	☐
During <u>the past week:</u>						
41.	did you easily become emotional? - - - - - - - - - - -	☐	☐	☐	☐	☐
42.	were you afraid of anything when there was really no need for you to be afraid? - - - - - - - - - - - - - *(for instance animals, heights, small rooms)*	☐	☐	☐	☐	☐
43.	were you afraid to travel on buses, streetcars/ trams, subways or trains? - - - - - - - - - - - - - - - - -	☐	☐	☐	☐	☐
44.	were you afraid of becoming embarrassed when with other people? -	☐	☐	☐	☐	☐
45.	did you ever feel as if you were being threatened by unknown danger? - - - - - - - - - - - - - - - - - - -	☐	☐	☐	☐	☐
46.	did you ever think "I wish I was dead"? - - - - - - - -	☐	☐	☐	☐	☐
47.	did you ever have fleeting images of any upsetting event(s) that you have experienced? - - - - - - - - -	☐	☐	☐	☐	☐
48.	did you ever have to do your best to put aside thoughts about any upsetting event(s)? - - - - - - - -	☐	☐	☐	☐	☐
49.	did you have to avoid certain places because they frightened you? -	☐	☐	☐	☐	☐
50.	did you have to repeat some actions a number of times before you could do something else? - - - - -	☐	☐	☐	☐	☐