

## Expression of interest for a treatment with deep brain stimulation (DBS)

I hereby confirm \_\_\_\_\_ (last name, first name) that i am interested in a treatment with deep brain stimulation as a part of a future study.

I also confirm that i agree to the storage of the information listed below for the purpose of future contact by the Department of Interventional Biological Psychiatry at the University of Freiburg, Medical Center.

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street, house number: \_\_\_\_\_

Postal code, city: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_