

Intake form

Can you please fill in this document before the intake.

Coordinates client

Family name & initials:

.....

Name: Gender: M W *

Birthday: / / Birth place:

.....

Marital status: married / living together / single *

Profession:

.....

Address:

.....

..

Postcode: Place:

.....

Telephone home Mobile

.....

E-mail

.....

.....

General practitioner

Name & initials: Mr. Mrs. *

Address:

.....

.....

Postcode: Place:

.....

Telephone: E-mail
.....

Insurance

Insurance:
.....

Insurance number:
.....

Reference

Referred by / to the advice of:

Agreements

Do you give your permission to gather information from your general practitioner or treating specialist, or any other responder in case it is necessary before or during the therapy?

Yes No *

Other:.....
.....
.....
.....
.....

Information request for help

1. What are your complaints?
.....
.....
.....
.....
.....

2. How long do you have these complaints?

Since (date):

.....
.....

Complementary

information:.....
.....
.....

3. Which physicians (GP / specialist) have you counseled about your complaints?

.....
.....
.....

4. What is the diagnosis of the GP / specialist?

.....
.....
.....

5. What is the advice of the GP / specialist?

.....
.....
.....
.....

6. Are you at this moment under a medical / psychological / psychiatric treatment?

Yes No *

If yes, by who?

Name & initials: Mr. Mrs.*

.....
Position:, at

7. What are the results of the treatments until now?

.....
.....
.....
.....
.....

8. Do you use medicine?

Yes No *

If yes, which one?

.....
.....
.....

9. Other information / remarks:

.....
.....
.....
.....

Completed as true and correct,

Date: / / Place:

.....

Signature:

Name & initials: Mr. Mrs. *

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