1. Cliënt: gegevens

Naam van de persoondie de opstart aanvraagt:..............................................................................................................................

Geboortedatum en leeftijd:...........................................................................................

Straat +nr:.....................................................................................................................

postcode en stad:.........................................................................................................

mail en gsm:.................................................................................................................

1. Samenstelling gezin

Samenwonend /gehuwd / gescheiden / alleenstaand?

Partner: ....................................................................................................................................

Naam en leeftijd Kinderen: .....................................................................................................................

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

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

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

1. Doorverwijzing

Doorverwezen via (website : vindt een therapeut / dokter (naam) / kennis / andere)

1. Reden van aanmelding

Met welke bezorgdheden meldt u aan? Wat wilt u graag bereiken met therapie?

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

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

Klachten: Lichamelijk / Emotionele / fysieke / andere

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

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

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

1. Reeds ondernomen stappen?

Psychologen / dokters, ..... Wat was het resultaat?
...................................................................................................................................................................

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

Gegevens huisarts

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

Gegevens mutualiteit

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

Eventuele diagnoses?

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

Belangrijke gebeurtenissen? Vb overlijdens, scheiding, pesten,....

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

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