# Cliënt: gegevens

Naam:..............................................................................................................................

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

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

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

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

# Samenstelling gezin

Samenwonend /gehuwd / gescheiden / alleenstaand?

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

Kinderen: .....................................................................................................................

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# Doorverwijzing

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

# Gegevens Huisarts

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# Mutualiteit

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# Reden van aanmelding

Met welke bezorgdheden meldt u aan?

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Klachten: Lichamelijk / Emotionele / fysieke / andere

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Wat hoopt u te bereiken met therapie?

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Belangrijke gebeurtenissen in uw leven die mogelijk een effect hebben gehad.

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# Reeds ondernomen stappen?

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

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Medicatie?

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