

## Client information form & Contact details

Please fill out this form for our initial consultation. Your information will be treated confidentially. Thank you very much.

<b>Client information</b>					
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> other _____	Title _____		
Family name					
First name					
Name you like to be called					
Birth date					
Birth place, home country					
Street, Streetname, POI					
Postal code, town					
Partnerships status					
Occupation					
Current work					
Mail					
Mobile phone					
Landline					
Best contact method(s) usual		<input type="checkbox"/> Mail	<input type="checkbox"/> SMS	<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Landline
Best contact method(s) short notice		<input type="checkbox"/> Mail	<input type="checkbox"/> SMS	<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Landline
For Self-payer/ extra supportive service / etc.: How do you want to receive the invoice?				<input type="checkbox"/> Mail	<input type="checkbox"/> Post
<b>Insurance information</b>					
<input type="checkbox"/> Statutory health insurance		<input type="checkbox"/> Private health insurance			
<input type="checkbox"/> Other insurance aid covering _____ %		<input type="checkbox"/> Self-payer			
Personal health insurance number					
Health insurance card number					
Name of health insurance					
Street, Nr., POI					
Postal code, town					
Phone		Mail			
Further information (insurance status, other)					

<b>Medical Support</b>	
<i>General practitioner/ practice</i>	
Title, Family name, First name	
Street, Nr., POI	
Postal code, town	
Phone	
Email	
<i>Other medical support/ practice</i>	
Title, Family name, First name	
Street, Nr., POI	
Postal code, town	
Phone	
Email	
<b>Other supporting networks</b> (therapeutical, socio- psychiatric service, etc. )	
<b>Name</b>	
Contact person	
Street, Nr., POI	
Postal code, town	
Phone	
Email	
Purpose	
<b>Name</b>	
Contact person	
Street, Nr., POI	
Postal code, town	
Phone	
Email	
Purpose	
Place, date	Signature