

ENIKÖ HAJAS

PSYCHOTHERAPY & COACHING

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

.....

.....

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(Cont'd)

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?

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Yes No*

(Cont'd)

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

Information request for help

1. What are your complaints?

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

2. How long have you had these complaints?

Since (date):

.....
.....

Complementary information:.....

.....
.....

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

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.....
.....
(Cont'd)

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 medical / psychological / psychiatric treatment?

Yes No *

If yes, by who?

Name & initials: Mr. Mrs.*

.....

Position:, at

.....

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

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

(Cont'd)

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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EH