**Registration form adults**

Surname:.......................................................................................................................................................................................

Name: ....................................................................................................................................................................................

Date of birth: .................................................................... Age:...........................................................Sex: M/F/ X

National register number:..........................................................................................................................................................

Address: ...........................................................................................................................................................................................

Do you have children?: Yes / No

General practitioner (name and phone number):...................................................................................................................

Health insurance fund :……..................................................................................................................................................

Reason of application: ................................................................................................................................................................

Do you take medication? If so, what is the name, dose and frequency of intake?: ...............................................................

Who recommended that you contact us?

* Own initiative
* My general practitioner
* My employer: what company do you work for? ....................................................................................................................
* Other: ………………………………………………………………………………………………………………………………………………………

Have you been to a psychologist at Faresa before?

* Yes. With whom and when? (Not a problem if you don’t remember): ………………………………………………………………………….
* No

**If payment is made directly through your employer,** what company do you work for?.................................................................

**To be completed by psychologist**

**Date application: Clientnumber:**

**Employee name:**