**Registration form Children/youth**

**Child/youth**

Name: …………………………………………………………………………………………………………………………..

Surname: ………………………………………………………………………………………………………………….....

Date of birth: ……………………................................ Age: ……………………………................. M/F

National register Number: ……………………………………………………………………………………………………..

Adress: ………………………………………………………………………………………………………………….............

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

Phonenumber……………………………………………………………………………………………………………......

E- mail:………………………………………………………………………………………………………………………….

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

School: ......................................................................................................................................................................

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

Home situation: intact/separated

**Parent 1**

Name: …………………………………………………....................................................................................................

Phone number ……………………………………………..............................................................................................

E-mail:…………………………………………………....................................................................................................

**Parent 2**

Name: ……………………………………………………..............................................................................................

Phone number: …………………………………………………....................................................................................

E-mail:……………………………………………….....................................................................................................

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

……………………………………………………………………………………………………………………………………

Who recommended that you contact us?

* Own initiative
* General practitioner
* Other namely:…………………………………………………………………………………………………………

Has the child been to a psychologist at Faresa before?

* Yes. With who and when? (not a problem if you can’t remember): ………………………………………
* No

**To be completed by psychologist**

**Date of apllication: Clientnumber:**

**Name psychologist:**