

Information sheet

Please return the completed document below to: info@psy-online.be

Please before the start of the introductory meeting

Name and surname:

Address:

Date of birth:

Telephone:

E-mail:

GP:

Possibly treating psychiatrist:

Medication, psychotropic drugs (such as: tranquilizers, sleeping medications, painkillers, anti-depressants, anti-psychotics, antabuse, etc.):

Contact in case of emergency*:

1. Name:
Phone number:
Relationship (e.g. partner, GP, etc.):
2. Name:
Phone number:
Relation:
3. Name:
Phone number:
Relation:

*An emergency is defined as a situation in which the safety of the patient or others is compromised. Naturally, we will do everything we can within therapy to avoid/prevent this.

By completing this information you agree that it will be kept in the EPD (Electronic Patient File).

Thank you for completing this document and please do not hesitate to ask additional questions!

Please sign for agreement:

SIGNATURE

DATE:

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