## ELONIE DE KLERK & MARNI HATTINGH & SONET SMIT

Counselling Psychologist / Educational Psychologist/Clinical Psychologist

TO BE COMPLETED IN FULL / MOET VOLLEDIG VOLTOOI WEES

### Patient Details I Besonderhede

| | |
|---|---|
| Date / Datum: | Home Language/ Huistaal: |
| Full Names I Volle Name: | Age/ Ouderdom: |
| Surname / Van: | ID Number / Nommer: |
| | Date of Birth: |
| School/Skool/Uni: | Grade/Graad[Yr of study/Jr van studie: |
| Teacher/Onderwyser: | Studierigting/Study area: |
| Occupation/ Beroep | Employer / Werkgewer: |
| Marital Status / Huwelikstatus: | Date of Marriage / Datum van Huwelik: |
| Referred by / Verwys deur: | GP Doctor & Tel / Dokter: |
| Street Address I Straatadres: | |
| Postal Addres / Posadres: | |
| Cell : | Email/Epos: |

### Person Responsible For Account I Persoon Verantwoordelik Vir Rekening

| | | |
|---|---|---|
| If different from patient details. / Indien verskil van pasiënt besonderhede. | | |
| Full Names / Volle Name: | | |
| Surname / Van: | | |
| Postal Address / Posadres:<br>Home Address I Woonadres: | | |
| Occupation / Beroep , | | |
| Employer Nr. / Werknemer No: | | |
| Telephone I Telefoon: | H | |
| Dep No: | Cell | E-MAIL: |
| ID No: | Relationship to Client / Verwantskap tot Kliënt: | |

### Medical Aid Details / Mediese Fonds Besonderhede

| Name of Fund I Naam van Fonds | Plan I Plan | Number I Nommer |
|---|---|---|
| | | |
| Name & Surname of Main Member I Naam & Van van Hooflid: | | |
| ID No/Nr: | Dependant nr : as on med aid card | |

Handtekening van persoon verantwoordelik vir rekening/ signature of person responsible for account._____

### Dependants / Afhanklikes

| Full Names | ID or Birth date | Occupation | Dep. No | Relationship |
|---|---|---|---|---|
| | | | | |
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**Name and phone no. of 2 relatives or friends / Naam en Tel no. van 2 familie lede of vriende:**

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