



## Application form & Treatment agreement

We request you to answer the questions mentioned below and to initial this page. For children please fill out for them and concerning them.

**(First- & sur-) name:**

Please report modifications in data to us yourself, kindest by e-mail.

Married /  Cohabiting /  Single

**With (first- & sur-) name:**

**Children & ages:**

**PRAKTIJK**  
Eendrachtsstraat 23  
3012 XH ROTTERDAM  
T 010 7420021

filiaal  
Hoefstraat 258  
5014 NR TILBURG  
T 013 7440520

E [secretariaat@aimh.nl](mailto:secretariaat@aimh.nl)  
URL werk [www.aimh.nl](http://www.aimh.nl)

Only in Case of Emergency  
PAGE or SMS 📞 06 12800670

**Name insurance:**

Additional insured?

Package:  Low /  Middle /  High

**Insurance number care insurance:**

**Name general practitioner:**

Address:

Zip code + residence:

Tel.nr:

E-mail address:

**Drug use:** (also think of self care medicine and homeopathy):

If yes, which and how much?  
Since when?

Do YOU appreciate YES/NO that during the treatment or afterwards report is done to the general practitioner, specialist or to colleague therapist.

**Additions:**

Do you smoke? If yes, how much?

Do you use alcohol/narcotics? If yes, how much?

Do YOU appreciate YES/NO that information is obtained in advance at the general practitioner/specialist colleague therapist?

<p>What is your profession, or daily occupation?</p> <p>Are there tensions at home, or at work?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Do you have (had) hindrance of</p> <p><input type="checkbox"/> Stressed. If yes, when?</p> <p><input type="checkbox"/> Nervousness. If yes, when?</p> <p><input type="checkbox"/> Fainting. If yes, when?</p> <p><input type="checkbox"/> Depressions. If yes, when?</p> <p><input type="checkbox"/> Hyperventilation. If yes, when?</p>
--	---

<p>Name, address, phone number consulted care worker(s)</p>	
---	--

<p>If you have signed, you agree with our tariffs &amp; conditions like they are described on our Internet site.</p> <p><b>At permanent medical complaints you must contact immediately your general practitioner!</b></p>	<p><b>How have you found us?</b> By means of:</p> <p><input type="checkbox"/> A friend of you: .....</p> <p><input type="checkbox"/> therapist sir/Mrs. ....</p> <p><input type="checkbox"/> Yellow pages <input type="checkbox"/> phonebook</p> <p><input type="checkbox"/> Google <input type="checkbox"/> internet <input type="checkbox"/> Website: .....</p> <p><input type="checkbox"/> used these search terms: .....</p> <p><input type="checkbox"/> Your general practitioner</p>
--	--

Undersigned explains: Has however/none objection against the use of data such as mentioned, intended for statistic aims<sup>1</sup>. Have taken knowledge of the rules. **Initials** **Date**

### Treatment agreement

The "Wet Geneeskundige Behandelingsovereenkomst" (WGBO) contains the legislation for both cliënts and therapists. On the basis of the WGBO this treatment agreement has been established. In the WGBO it has been among others regulated: right to information; required authorization for minors; right to examination in this file; confidentiality of cliënt data. This

---

<sup>1</sup> The THERAPIST will observe confidentiality with respect to the supplied data (with exception of the data the customer has explained to have no objection to uses for statistic aims). If it is decided on the basis of the supplied data and following closer familiarization to treatment, one and other will be set out in a treatment agreement signed by both parties.

**PRAKTIJK**  
Eendrachtsstraat 23  
3012 XH ROTTERDAM  
T 010 7420021

filiaal  
Hoefstraat 258  
5014 NR TILBURG  
T 013 7440520

E [secretariaat@aimh.nl](mailto:secretariaat@aimh.nl)  
URL werk [www.aimh.nl](http://www.aimh.nl)

Only in Case of Emergency  
PAGE or SMS 📞 06 12800670

## Description of your complaint:

If there is a complaint, what is the nature of the complaint and how long do you have these already?

**PRAKTIJK**  
Eendrachtsstraat 23  
3012 XH ROTTERDAM  
T 010 7420021

filiaal  
Hoefstraat 258  
5014 NR TILBURG  
T 013 7440520

E [secretariaat@aimh.nl](mailto:secretariaat@aimh.nl)  
URL werk [www.aimh.nl](http://www.aimh.nl)

Only in Case of Emergency  
PAGE or SMS 📞 06 12800670

If you have more space necessary you write on the back further.

Undersigned's explain the next treatments have agreed.

The treatment agreement is signed by both parties and brings for both parties rights and obligations with itself, on which they can be addressed. With the signature of this agreement undersigned's explain to have taken knowledge of and to agree with the provisions among which the implementation of the agreement will take place. To this agreement the Dutch legislation applies. Thus filled in to truth:

Date:	date:
Place:	place:
The therapist:	the cliënt:
Initials:	Initials: