**Intakeformulier**

1. Waaruit bestaat uw hulpvraag?

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1. Heeft u last van klachten (fysiek / psychisch / emotioneel)? O ja O nee

Zo ja, welke is / zijn dat? \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Sinds wanneer heeft u last van deze klachten? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

1. Welke artsen heeft u geraadpleegd? O huisarts O specialist O psychiater
2. Bent u al eerder in behandeling geweest voor dit probleem? O ja O nee  
   Zo ja, bij wie? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
3. Wat is het resultaat van de gevolgde behandeling tot nu toe?

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1. *Bent u momenteel onder medische / psychologische / psychiatrische behandeling?*

*O ja O nee Zo ja, bij wie? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_*

1. Gebruikt u medicijnen? O ja O nee  
   Welke? \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Voorgeschreven door: O huisarts O specialist O psychiater O \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

1. Wat wilt u bereiken met de therapie?

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1. Nadere informatie die van belang kan zijn voor de behandeling

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Datum: \_ \_ \_ \_ \_ \_ \_ Plaats: *Nijmegen*Naam therapeut*: Anita van Raak* Naam cliënt: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_



Handtekening therapeut Handtekening cliënt  
 (bij minderjarigheid één van de ouders of voogd)

*AVG: op mijn website staat het privacybeleid Haptotherapie Nijmegen.*