



# Application for Services

## Adult Client Information

Name:			
Surname:			
Age:			
Date of Birth:			
ID/Passport Number:			
Contact Number:			
E-mail Address:			
Method of Contact:	E-mail <input type="checkbox"/>	Contact Number <input type="checkbox"/>	
Home Address:			
Postal Address:			
Preferred Language:	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	
Employer:			
Occupation:			
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
Next of Kin:			Relationship:
Contact Details:			
Medical Doctor:	Name:	Contact:	

## Child Client Information (<14 years)

Name:			
Surname:			
Age:			
Date of Birth:			
Preferred Language:	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	
School:			
Home Address:			
Postal Address:			
Primary Caregiver:			Relationship:
ID/Passport Number:			
Contact Number:			
E-mail Address:			
Method of Contact:	E-mail <input type="checkbox"/>	Contact Number <input type="checkbox"/>	
Other Caregiver:			Relationship:
ID/Passport Number:			
Contact Number:			
E-mail Address:			
Method of Contact:	E-mail <input type="checkbox"/>	Contact Number <input type="checkbox"/>	
Medical Doctor:	Name:	Contact:	

**Account Details (Individual Responsible for Payment)**

Name:		
Surname:		
Age:		
Date of Birth:		
ID/Passport Number:		
Home Address:		
Postal Address:		
Contact Number:		
E-mail Address:		
Payment Option:	Cash <input type="checkbox"/>	Medical Aid <input type="checkbox"/>

**Medical Aid Details (in the case of a medical emergency)**

Medical Aid:	
Plan:	
Primary Member:	
ID Number:	
Membership #:	

**Application/Referral Information**

Referral Source:	
Briefly Describe the Reason for Application/Referral (what is the presenting problem?).	
Briefly Describe any Relevant Medical History (Physical or Psychological Diagnoses, Medication) or Specific Physical Needs (Challenges).	

*I hereby acknowledge that I am responsible to pay R\_\_\_\_\_ per session, as agreed with Marlé Coertzen prior to signing this document. I further acknowledge that I will be held liable to pay any outstanding amounts and that I will be held liable to pay a fee to the value of 50% of the agreed upon session rate in the case of a missed appointment or late cancellation.*

\_\_\_\_\_  
Client Name and Signature

\_\_\_\_\_  
Date