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training, therapy and consultancy for adults and children

NEW PASIENT INFORMATION/NUWE KLIËNT INFORMASIE

CLIENT PARTICULARS/KLIËNT INFORMASIE

Date/datum:		Leer/File nr:		Terapeut	
Surname: Van:				Gender: Geslag:	
Full name: Volle naam:			Nickname: Noemnaam:		
Date of Birth: Geboorte datum:		Age: Ouderdom:		Language: Huistaal:	

MAIN MEMBER LIABLE FOR PAYMENT/HOOFID VERANTWOORDELIK VIR BETALING

Surname: Van:			Initials: Voorletters:		Title: Titel:	
Full name: Volle naam:			Marriage status: Huwelik status:			
Identity nr: Identiteits nr:			Relationship to client: Verwantskap aan kliënt:			
E-mail for acc: E-pos vir rek:						
Residential address: Woonadres:			Postal address: Posadres:			
Home/huis tel:	Work/Werk:	Cellular / Sel nr:	Cellular / Sel nr (additional):			
Occupation: Beroep:			Name of employer: Naam van werkgever:			

Would you like to receive information regarding future courses and programs: YES / NO

THIS IS AN OUT CONTRACTED PRACTICE, MEDICAL AID DETAILS JUST FOR CLAIMING FROM MEDICAL AID AFTER YOU PAID THE PRACTICE.

MEDICAL AID /MEDIËSE FONDS

Medical Scheme: Mediese Skema:		Membership nr: Lidmaatskap nr:		Plan:	
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FATHER/VADER:

MOTHER/MOEDER:

Surname: Van:			Surname: Van:		
Name: Naam:			Name: Naam:		
Occupation: Beroep:			Occupation: Beroep:		
Name of employer: Naam van werkgever:			Name of employer: Naam van werkgever:		
Cellular nr: Sel nr:			Cellular nr: Sel:		
Home/huis tel:	ID:		Home/huis tel:	ID:	

General information/Algemene inligting

By who were you referred? Deur wie is u verwys?	<i>Friend</i> <i>Vriend</i>	<i>Doctor</i> <i>Dokter</i>	<i>Internet</i> <i>Internet</i>	<i>Self</i> <i>Self</i>	<i>Therapist</i> <i>Vriend</i>	<i>Other</i> <i>Ander</i>	Specify Spesifiseer	
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- I, the undersigned, hereby declare that all above mentioned information is just and true and that I am authorized by the person responsible for payment of account to bring client for treatment and to sign documents or agreements on his/her behalf.
- I, accept all responsibility for payment of the full outstanding amount and for payment of any possible legal expenses due to non-payment of any outstanding accounts on attorney and client side. Outstanding accounts older than 60 days will be handed over to our attorneys
- I, hereby acknowledge that I have read and have agreed to the informed consent which is a requirement of the practice.
- **PLEASE BRING PROOF OF PAYMENT OR CASH WITH TO ASSESMENT APPOINTMENT.**

- Hiermee verklaar ek, die onder getekende, dat die inligting hierin genoem waar en juis is, en dat ek gemagtig is deur die persoon verantwoordelik vir die betaling van die rekening om die Kliënt te bring vir behandeling en om die dokumente en ooreenkomste te teken namens hom/haar.
- Ek aanvaar dat ek aanspreeklik is vir die betaling van die volle verskuldige bedrag asook vir die moontlike regs-koste aangegaan a.g.v wanbetaling van enige rekening op prokureur-en kliënteskaal. Uitstaande rekening van ouer as 60 dae sal aan ons prokureurs oorhandig word.
- Ek bevestig hiermee dat ek bogenoemde inligtingstuk, wat 'n vereiste van die praktyk is, gelees het en saamstem met die inhoud daarvan.
- **BRING ASB BEWYS VAN BETALING OF KONTANT SAAM NA ASSESERINGS AFSpraak.**

Date: Datum:		Print name: Naam in drukskrif:		Signature: Handtekening:	
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Please bring along the following.

- Copy of identity of main member of medical aid.
- Copy of medical aid membership card.

Bring asb die volgende saam:

- Kopie van ID dokument van hooflid.
- Kopie van mediese fonds kaart.

BANKBESONDERHEDE VAN TERAPEUTE/BANKING DETAILS OF THERAPISTS:

Elsa Struwig Standard Bank Takkode/Branch code: 014 645 Rekeningnommer/Account number: 610 160 311	Charmaine van der Spuy First National Bank (FNB) Takkode/Branch code: 258 155 Rekeningnommer/Account number: 62 384 2689 44
Eunice Uys Standard Bank Takkode/Branch code: 012 345 Rekeningnommer/Account number: 06 285 43 99	Marni Hatting First National Bank (FNB) Takkode/Branch code: 250 655 Rekeningnommer/Account number: 62 446 4734 57
Johannes CL Rootman First National Bank (FNB) Takkode/Branch code: 260 655 Rekeningnommer/Account number: 622 755 366 40	

