

Registration for Hiketides Psychotherapy

Date:

Person:

Last name:

First name:

Gender: m f

Date of birth:

Insurance number:

Asylum status:

AIS number (care card no.):

Country of origin:

Language(s):

German skills: none A1 or A2 higher

Employment situation: Basic welfare support (Grundversorgung)

unemployed / hardship benefit / sick leave

employed: Part-time Full-time

Length of stay in Austria: less than 2 years 2–5 years over 5 years

Address:

Phone number:

Email:

Interpreter needed: yes no

Reference caregiver / contact person:

Phone / email:

Treating physician:

Phone / email:

Brief description of the situation / diagnosis:

Please send this completed form by email to: office@hiketides.at
Verein Hiketides, Bergstraße 12, 5020 Salzburg, Tel: 0650/3209202, ZVR number: 1095338510