



CONSENT / REGISTRATION FORM

Personal information

Full name; First and surname	Social security number
Address	City
Postal code	Country
Phone number (including area code)	E-mail address
I consent to text messages (SMS) Yes () No ()	I consent to email messages Yes() No()

Background

Describe your current difficulties and why you would like to book an appointment.

Have you had any previous contact with or do you currently have an ongoing contact with a psychiatric outpatient clinic?

If yes, which clinic?

Describe your current mental health:



Do you have any physical disease?

Do you take any medication?

I have medical records that I will bring with me to my first appointment.

Signature

Date and Place

We would like you to feel comfortable in how we handle your personal information. By sending us your consent form InsideMind Health Care will initiate a medical journal. All treatment is done according to Patientdatalagen (2008:355).

For further information how we treat your personal information, please visit www.insidemind.se

The consent form can be sent by email to:

InsideMind Health Care
kontakt@insidemind.se