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| **Anordnung psychologische Psychotherapie**  **Reha Rheinfelden**  **Curativa** **Das Ambulante Zentrum**  Therapiedisposition  Salinenstrasse 98  CH-4310 Rheinfelden  Telefon +41 (0)61 836 53 00  E-Mail [curativa@reha-rhf.ch](mailto:curativa@reha-rhf.ch)  [www.reha-rheinfelden.ch](http://www.reha-rheinfelden.ch)  **ZSR** N719819 | | | | | | | | | | | | | | **reha-rf_signet_office_swreha-rf_signet_office_swreha-rf_signet_office_sw** | |
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| **Patient/Patientin** \*Pflichtfeld | | | | | | | | | | | | | | | |
| Name\* | | | w m | | | | | | | | Geburtsdatum | | |  | |
| Vorname\* | | |  | | | | | | | | Telefon-Nr. | | |  | |
| Adresse | | |  | | | | | | | | Versicherer\* | | |  | |
| PLZ, Ort | | |  | | | | | | | | Vers.- / Unfall-Nr.\* | | |  | |
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| **Behandlungsgrund\*** | | | | | | | | | | |
|  | Krankheit | | | | |  | Unfall | | |  | | Invalidität | |  |  |
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| **Anordnung\*** | | | | | | | | | | | | | |  | |
| Anordnung 1 | | | |  | Psychotherapie (max. 15 Sitzungen) | | | | |  | | Krisenintervention/ Kurztherapie (max. 10 Sitzungen) | | | *Es darf nur 1 Kästchen angekreuzt werden.* |
| Anordnung 2 | | | |  | Psychotherapie (max. 15 Sitzungen) | | | | | | | | | | |
|  | | | |  | Behandlung nach 30 Sitzungen | | | | | | | | | | |
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| **Behandlung\*** | | | | | | | | | | | | | | | |
| Anmerkung zur Behandlung | | | | | | | | | | | | | | | |
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| **Anordnende/r Ärztin/Arzt** | | | | | | | | **Anordnende/r Ärztin/Arzt** | | | | | | | |
|  | | | | | | | | | Name\* | | | |  | | |
|  | | | | | | | | | Telefon\* | | | |  | | |
|  | | | | | | | | | E-Mail | | | |  | | |
|  | | | | | | | | | ZSR oder GLN\* | | | |  | | |
|  | | | | | | | | | Adresse\* | | | |  | | |
| Datum\* | |  | | | | | | | Unterschrift / Stempel\* | | | |  | | |