

Admission form for therapy for SiS helse

IMPORTANT: SiS helse (SiS health) works as a supplement to the public health system, and we do not prioritize patients according to the seriousness of their condition. If you have serious psychological problems, or need a quick assessment of your condition, please contact the emergency room at your local hospital.

Mandatory contact information (block letters)			
Full name:			
Social security number:			
Phone:			
E-mail:			
Address:		Postal code:	
Field of study/Faculty:			
Foreign student? (Y/N)			
Sex:			
General practitioner:			
Semester receipt:	Show when form is delivered: <input type="checkbox"/>	A copy is attached to form: <input type="checkbox"/>	
Have you used similar services before?		Yes:	No:
If yes:	SiS helse:	Other:	
I accept that SiS helse can use text message/e-mail to inform me about my appointments.		Yes:	No:
I approve that SiS finance dep. can send an invoice via e-mail for cancellations done too late or not met for appointment.		Yes:	No:
What are the reason(s) for your inquiry, and do you have a preferred therapist:			
IMPORTANT! Date and signature:			

For internal use for SiS helse, (not to be filled out by the student)		
Date recieved:	Date allocated therapist:	Name of therapist:

- We will send out emails with confirmation that your form is received.
- Check out our website sis.uis.no/helse for information about other courses and health offers from SiS helse.

You can find our privacy declaration at the bottom of our website: minsis.no