

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/program:		
Foreign student? (Y/N)		
Sex:		
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: <input type="checkbox"/> No: <input type="checkbox"/>
If yes:	SiS helse: <input type="checkbox"/>	Other: <input type="checkbox"/>
I accept that SiS helse can use text message/e-mail to inform me about my appointments.		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What are the reason(s) for your inquiry, and do you have a preferred therapist:		
<p>.....</p>		
IMPORTANT! Date and signature:		

For internal use for SiS helse, (not to be filled out by the student)		
Date received:	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.