



## PetraTherapy

KvK 66370469

phone: 048360473

email: petratherapy@outlook.com

### Registration Form

#### General Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Primary Contact phone number: \_\_\_\_\_

Name and Number and Relationship in case of emergency: \_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_

Preferred form of contact: email \_\_\_\_\_ Phone \_\_\_\_\_ Whatsapp \_\_\_\_\_ Text message \_\_\_\_\_

#### GP Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



## PetraTherapy

KvK 66370469

phone: 0648360473

email:petrathery@outlook.com

### PetraTherapy Practice Information:

I trained in psychotherapy and counselling in the UK and am registered there with the UKCP. In the Netherlands I am registered with the VIT. I offer therapy that is in line with UK psychotherapy standards and the standards of the VIT. I am also registered with NIBIG.

My registration with the VIT and the SCAG means that some Dutch Insurance companies will reimburse some or all of the therapy, depending on your package. Integrative therapy falls under additional care packages. International insurance companies tend to reimburse for some or all of the therapy. I am happy to work with the process of reimbursement of fees with your (international) insurance company, but the payment of fees is your responsibility as a client.

My fees are 120 euros per 50min session. The initial consultation costs 80 euros.

Payment of fees will be either weekly after each session or monthly at the end of each month. This will be agreed together. If payment is not received before the next session, the next session will not take place.

There is a cancellation policy of 24 hours. The full fee will be charged for missed or cancelled appointments outside of the 24 hours.

Any complaint process, if we can not resolve it together, would be handled by either the UKCP or the VIT ([De VIT - VIT - Vereniging van Integraal Therapeuten](#)).

By signing below you are stating that you have read and agree to the principles of the practice as outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UKCP reg. 2011167354  
VIT Integrative Therapist 1255.25.A  
NIBIG 529647