

## Choice of therapist - Psychotherapy

### I have received the information and have chosen

Name and location (town) of clinic

### Your details

Name	Personal ID number (12 digits)
Address	Daytime telephone number
E-mail	
Date and signature	

### Legal guardian's details (for minors)

Name	Personal ID number (12 digits)
Address	Daytime telephone number
E-mail	
Date and signature	

More information is available at [www.1177.se/skane/halso-varldval](http://www.1177.se/skane/halso-varldval).