

Mosaik Leipzig e. V.
Kinder u. Jugendbereich
PSZ Leipzig
Peterssteinweg 3

Anmeldedatum:

Fallnummer:



**Registration form for consultation/treatment
at the psychosocial center for refugees in Leipzig (PSZ Leipzig)**

Client registration (child / adolescent)

First name:	
Last name:	
Gender:	
Birth date:	
Street:	
ZIP code/city:	
Phone:	
Housing form:	<input type="radio"/> initial reception center (EAE) <input type="radio"/> own apartment <input type="radio"/> community shelter (GU) <input type="radio"/> foster family <input type="radio"/> shared apartment (WG) <input type="radio"/> other:.....
Country of origin:	
Citizenship:	
Kindergarten/school attendance:	
Religious denomination:	
Legal guardian:	<input type="radio"/> no <input type="radio"/> yes (please provide contact details below)
What is the residence permit or asylum status of the child / adolescent?	
In Germany since:	
Need for an interpreter:	If yes, for what language:

Contact person (☐ mother ☐ father ☐ specialist..... ☐ other

First name:	
Last name:	
Position/institution:	
Phone:	
E-Mail:	
Address:	
How did you hear about us:	

Issue and Symptoms:

Reason for registration: (What are the current issues?)	
Illnesses/physical complaints:	
Does the child take any medication?	O yes O no
If yes, precise the type(s) of medication:
Treating physician:	
Special family circumstances:	
Special life circumstances:	

I hereby consent to the storage and processing of my personal data by PSZ Leipzig. I am aware that I can revoke this consent at any time and that I can request information from PSZ Leipzig about the data stored about me (e.g. via datenschutz@mosaik-leipzig.de).

Date: _____ Signature (contact person): _____

Date: _____ Signature (custodian/legal guardian 1): _____

Date: _____ Signature (custodian/legal guardian 2): _____