



## Registration Form delfine therapiieren menschen e. V.

Dear prospective clients,  
Dear families,

We would like to support you in realizing a dolphin therapy. Further information about dolphin-assisted therapy and our non-profit organization can be found in the “Relatives Information” document and on our homepage.

To enroll a patient in our organization, please fill out the attached “Questionnaire for the preparation of a dolphin-assisted therapy” digitally interactive or in easy-to-read block letters. Send it to us signed and with a copy of the latest doctor's report (which shows the diagnoses).

by e-mail: [info@delfine-therapiieren-menschen.de](mailto:info@delfine-therapiieren-menschen.de)

note: Please send email attachments as easy-to-read scans, preferably as PDFs. Please no photos of documents! These cannot be processed by the therapy center either.

or fax: +49 203 - 74 81 063

or mail: delfine therapiieren menschen e. V.  
Angermunder Straße 9  
40489 Düsseldorf  
GERMANY

If you are planning a dolphin therapy for an adult patient or a foster child, please send us a corresponding power of authority or a copy of the Legal guardian ID card.  
For underage patients, please observe the legal regulations. The consent of all legal guardians is required, especially when traveling abroad.

The entire therapy trip (therapy costs, flights, and accommodation) is usually financed by donations. If you can (co-)finance the therapy from your own resources, we must point out that the payment deadlines must be adhered to. We will send you a preliminary cost breakdown in good time.

As a recognized non-profit organization, we are happy to provide you with advice and assistance. We have been accompanying affected people and family's step by step on their way to dolphin therapy for more than 25 years.

If you have any questions or if you need help filling out the questionnaire, please do not hesitate and send us an email or just give us a call:

delfine therapiieren menschen e. V.  
phone: +49 203 - 74 62 80  
e-mail: [info@delfine-therapiieren-menschen.de](mailto:info@delfine-therapiieren-menschen.de)  
website: [www.delfine-therapiieren-menschen.de](http://www.delfine-therapiieren-menschen.de)

With kind regards,  
*Your team of  
delfine therapiieren menschen*

## Fragebogen zur Vorbereitung der delfingestützten Therapie

(Questionnaire for the preparation of a dolphin assisted therapy)

Please fill out this form completely digitally or in easy-to-read BLOCK LETTERS! Thank you!

**Name des Interessenten:** \_\_\_\_\_ Anmeldedatum: \_\_\_\_\_  
(name of interested person) (date of registration)

**Namen aller Eltern/Sorgeberechtigten/Unterhaltspflichtigen oder rechtlichen Vertreter**, bei minderjährigen Patienten oder Betreuungsfällen (name of all parents for minors or legal guardians/representatives):

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Adresse (Straße, PLZ, Ort): \_\_\_\_\_  
(address: street, zip code, town)

Land u. Bundesland (nation, federal state): \_\_\_\_\_

Telefonnummer privat/beruflich/Mobil: \_\_\_\_\_  
(telephone number private/at work/mobile)

E-Mail-Adresse: \_\_\_\_\_  
(e-mail address)

**Name des Patienten:** \_\_\_\_\_  
(name of patient)

Geburtsdatum Patient (date of birth): \_\_\_\_\_

Geschlecht (sex):             männlich (male)             weiblich (female)             divers (diverse)

Anzahl der Geschwister, die im Haushalt leben (number of siblings): \_\_\_\_\_

Krankenkasse: \_\_\_\_\_ Schwerbehindertenausweis-Nr.: \_\_\_\_\_  
(health insurance) (severely disabled ID card no)

**Diagnose(n) mit ICD-10 Schlüssel (diagnosis):**

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Symptome (symptoms): \_\_\_\_\_

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Wann trat die Erkrankung/Beeinträchtigung auf? (When did the disability occur?)

seit Geburt (since birth)             spätere Beeinträchtigung im Alter von: \_\_\_\_\_  
(later acquired impairment at the age of)

Wodurch wurde die Beeinträchtigung verursacht? (Disability caused by?)

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Welche Entwicklungsstadien sind bisher beobachtet worden? (Which development stages have been observed so far?)

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Bisherige Therapien: (previous therapies) \_\_\_\_\_

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Familiensituation (family situation): \_\_\_\_\_

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Wirtschaftliche Situation, Einkommen etc. (economic situation, income etc.): \_\_\_\_\_

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Soziale Situation (Hilfen von Anderen etc.) (social situation - support provided by other people, etc.):

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Was erwarten Sie von der Therapie: (What do you expect from this therapy?) \_\_\_\_\_

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Besondere Wünsche: (special requests): \_\_\_\_\_

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Persönliche Anmerkungen: (personal note) \_\_\_\_\_

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Für welches Therapiezentrum haben sie sich entschieden: \_\_\_\_\_  
(Which therapy center did you choose?)

Woher kennen Sie delfine therapieren menschen?  soziale Medien (social media)  
(How did you become aware of delfine therapieren menschen?)

Zeitung (newspaper)     TV/Radio     Werbung (advertisement)     andere Personen (other person)

Wann haben Sie erstmals etwas über delfine therapieren menschen gehört? \_\_\_\_\_  
(When did you first hear about delfine therapieren menschen?)

- Ja, mit der Speicherung meiner Daten durch den Verein delfine therapieren menschen e. V. bin ich einverstanden. Diese Daten werden nur zu Vereinszwecken verwendet. Eine Weitergabe erfolgt nur an Personen, die in einem unmittelbaren oder mittelbaren Zusammenhang mit der Organisation und/oder Durchführung einer tiergestützten Therapie stehen. Die datenschutzrechtlichen Bestimmungen werden beachtet. Diese Einwilligung kann jederzeit widerrufen werden. (Yes, I consent to the storage of my data by the association delfine therapieren menschen e. V. These data are only used for organizational purposes. It will only be passed on to people who are directly or indirectly related to the organization and / or implementation of animal-assisted therapy. The data protection regulations are observed. This consent can be revoked at any time.)

Ort, Datum: \_\_\_\_\_  
(place, date)

Unterschrift: \_\_\_\_\_  
(signature)