

## Basic information (2013)



<b>Name:</b>	
<b>State ID number:</b>	
<b>Address:</b>	
<b>Tel.:</b>	
<b>E-mail:</b>	
<b>Date:</b>	
<b>Counsellor:</b>	
<b>Union/pension fund:</b>	

Referring agent: \_\_\_\_\_

General practitioner: \_\_\_\_\_

Heilsugæslustöð: \_\_\_\_\_

1. What is your position on the labour market? I am

Working with pay	Work percentage? _____ %
On sick leave but with employment contact	
No participation in the labour market because of health reasons	
Student	
Working at home/ Working without pay (volunteer work, charitable work)	
Unemployed	
Other? _____	

2. What is your present job or last paid work?

--

3. Who is your present employer or last employer?

--

4. What is the source of your present financial income?

Pay from employer
Unemployment compensation
Sickness per diem paid by labour union (sjúkradagpeningar)
Disability pension from Pension fund (lífeyrissjóður)
Disability pension from TR
Rehabilitation pension (endurh.lífeyrir)
Municipal financial assistance
No income – but in need of income
Student loan
Other? _____

5. If disability payments, from?

Insurance	Pension funds
If disability pension from pension fund, what fund(s)?	

6. Nationality?

Icelandic	Foreign	If foreign, from what country?
How long have you lived in Iceland? _____		

7. What is your present marital status?

Single	Married	With a partner	Widowed	Divorced
--------	---------	----------------	---------	----------

8. How many children do you have?

None	One	Two	Three or more
------	-----	-----	---------------

9. How many children are you supporting?

None	One	Two	Three or more
------	-----	-----	---------------

Dates of birth? \_\_\_\_\_

10. What are your living arrangements?

Live alone	Live with spouse	Live with children	Live with spouse and children
Live with others			

11. In what kind of accommodation do you live in?

My own home
Rental housing
Rented room
Live with my parents
Live with relatives, friends or caretakers
Without housing
Municipally supported rental flat/apartment
Student dormitory
In an institution
Other? _____

12a. What course of study have you completed?

Compulsory schooling or less	How many credits? _____
Some advanced study/secondary school	
National co-ordinated/matriculation examination	
Technical apprenticeship or vocational training	What course? _____
University, what field?	
Course for certification (in a field)	
Other? _____	

12a. What education/training have you completed? Write in a timeline starting with the most recent.

School/Institution	Field/course	Starting date	Finishing date

13. Where have you worked and in which jobs? Write in a timeline starting with the most recent.

Workplace	Jobtitle	Starting date	Finishing date

14. What factors do you think make it impossible for you to work or to return to work?

--

15. Are you in regular contact with a doctor /therapist/supporter?

Yes	No
-----	----

16. If yes, which ones and how often?

Name of therapist 1:	How often:
Name of therapist 2:	How often: