

APPLICATION FOR IMPATIENT TREATMENT / REHABILITATION AT THE CLINIC BAD RAGAZ

To be completed by
attending physician.

Name _____ Telephone _____
Forename _____ Email _____
Street _____ Date of birth _____
Town / Postcode _____ Nationality _____
Country _____ Gender _____

FOR COMPLETION BY THE REFERRING DOCTOR / HOSPITAL

The above-mentioned person requires inpatient rehabilitation for the following reasons.

1. Reason for referral

illness accident

a) Diagnose / any secondary diagnosis
Please enclose medical reports.

Functional deficit

Please enclose medical
reports. Thank you.

_____	_____
_____	_____
_____	_____
_____	_____

b) Date of operation / accident _____

c) Comorbidities

2. Expected commencement of treatment _____

3. Requested duration of stay _____

4. Residence prior to commencing rehab

hospital at home

5. Medication

no yes If yes, please enclose a list of medication.

Please also enclose documents (list of medication, medical reports, ...). Thank you.

REFERRING DOCTOR / HOSPITAL

Name _____

Address _____

Telephone _____ Place / Date _____

Stamp

PATIENT CONDITION SURVEY

Name / Forename _____

Height _____

Date of birth _____

Weight _____

Mobility

- bedridden and / or bed rest
- needs help getting up / walking
- independent with support
- with frame with crutches with wheelchair
- Transfer:
- independent with 1 person with 2 persons

Personal care

- full bed bath by assistant
- personal care by assistant (washbasin)
- personal care with minimal support
- independent personal care
- may need help dressing and undressing

Toilet / bathroom

- urinary drainage / catheter
- faecal drainage / stoma
- Type?
- colostomy nephrostomy ileostomy
- urinary or faecal incontinence
- toilet with assistance pot / urine bottle
- commode / WC with assistant
- independent WC use possible

Orientation

- extremely disoriented, requires constant supervision (very likely to wander off)
- disoriented, requires significant supervision (slight tendency to wander off)
- disoriented, requires supervision (not likely to wander off)
- slight disorientation, but relevant to everyday activity
- has temporal, spatial and mental self-awareness

Social interaction

- uncooperative / over-familiar / withdrawn
 - very often fairly often sometimes rarely
- normal social interaction

Eating and drinking

- probe / parenteral nutrition
- Method of nutrition?
- transnasal probe PEG probe
- spoon feeding / high risk of aspiration
- can sometimes eat unaided / always needs help
- can eat fully independently

Communication

- no communication possible
- some communication possible, social contact severely restricted
- some communication possible, social contact moderately restricted
- adequate communication, but social contact slightly restricted
- no restriction on social contact

Mental state

- aggressiveness, euphoria, depression, apathy, anxiety
 - high moderately severe slight
- mood swings
- appropriate behaviour and mental state

Specific information

- infusion / PIC / CVC / port sores / decubitus
- tracheostomy dialysis / peritoneal dialysis
- oxygen
- special medication _____
Please enclose a copy of current medication list. Thank you.

Comments

Place / Date _____

Signature / Stamp _____