

Clinic Bad Ragaz AG
Hans Albrecht-Strasse 2
7310 Bad Ragaz
Switzerland

Medical admission for inpatient rehabilitation

This form must be filled in by the referring doctor.

1. Patient data

First name	Date of birth
Surname	Gender
Address	Phone
Zip Code/City	Mobile
Country	E-mail

2. Relatives

First name	Phone
Surname	Mobile
Address	E-mail
Zip Code/City	Kinship
Country	

3. Insurance information

Status

Privat-Premium / room with single bed	General cantonal / room with single bed for an additional charge (on request)
Privat / room with single bed for an additional charge (on request)	General CH or FL / room with single bed for an additional charge (on request)
Semiprivat / room with single bed for an additional charge (on request)	Self-payer*

*Self-payer

Origin	Length of stay
CH/FL	14 days
Europe	21 days
Overseas	28 days

Health / casualty insurance

Name

Address

Zip code/City

Insurance No.

Supplementary insurance

Name

Address

Zip code/City

Insurance No.

4. Entry date

Desired entry date

Note: Entries are possible from Monday to Friday

5. Medical information

Reason for hospitalisation

Disease

Accident

Rehabilitation category

Musculoskeletal

Internal oncological

Neurological

Operation date

Accident date

Diagnosis

Did you have any multi-resistant pathogens in the last 12 months?

Yes

No

If yes, which:

Secondary diagnosis

Rehabilitation goals

Referring hospital / doctor

Hospital	Doctor
Address	Address
Zip code/City	Zip code/City
Phone	Phone

6. Required documents

It is mandatory to present the following documents before the patient's confinement/clinic entry:

- Provisional discharge report including list of drugs
- Operation report

Place, date

Signature of referring doctor

Please note that all informations could be handed over to the insurance provider in filing the application of cost coverage.

Contact and information in case of patient referral from CH/FL:

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Contact and information in case of referral international patients:

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