

Registration for admission to the inpatient hospice

Anmeldung zur Aufnahme ins Stationäre Hospiz

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|---|---|
| Date of enquiry: <i>Datum der Anfrage:</i> Time: <i>Uhrzeit:</i> | |
| Minute-taker: <i>Protokollant*in:</i> | |
| Who is inquiring? <i>Wer fragt an?</i> | |
| Contact details: <i>Kontaktmöglichkeiten:</i> (telephone, e-mail, mobile phone) <i>(Tel.: E-Mail, Handy)</i> | |
| Degree of kinship/ Relationship: <i>Verwandtschaftsgrad/ Beziehung:</i> | |
| Patient name: <i>Name Patient*in:</i> | |
| Date of birth: <i>Geburtsdatum:</i> | |
| Currently staying in: <i>Zurzeit Aufenthalt in:</i> | |
| Health Insurance: <i>Krankenkasse:</i> | |
| Family Doctor: <i>Hausarzt*in:</i> Attending Doctor: <i>behandelnde*r Arzt*in:</i> | |
| Diagnoses: <i>Diagnosen:</i> | |
| Problem: <i>Problem:</i> | |
| Remaining: <i>Verbleib:</i> | Acute <input type="checkbox"/> Long-term <input type="checkbox"/> |