

Treatment Registration

Type of Treatment inpatient treatment outpatient treatment

Date of registration

MAIN FOCUS OF TREATMENT

- Depression Burnout, Exhaustion Depression Burnout, Exhaustion Depression (*in English*)
 Stress-related pain Insomnia Compulsive disorders
 Withdrawal treatment Dementia / Delirium Psychosis spectrum
 Other (specify)

PERSONAL INFORMATION

Last name* First name*
 Date of birth* Gender* female male
 Street / No. Zip code/City*
 Nationality Language
 Religion Marital status
 Children / age / number
 Phone no.* E-mail*
 Correspondence language
 (*Address, if not identical with the place of residence*)
 Electronic Patient Record (EPR) yes no

CONTACT PERSONS

Referrer

Name Address
 Phone E-mail

General practitioner (if different from referrer)

Name Address
 Phone E-mail

Psychiatrist / psychologist (if different from referrer)

Name Address
 Phone E-mail

Private contacts (partner, relatives etc.)

Name Relationship
 Phone E-mail

Legal counsel yes no

Name Address
 Phone E-mail

COVERAGE

General Semi-private Private Self-payer Switzerland-wide insurance

Basic insurance

Name Policy. no.

Supplementary insurance (if applicable)

Name Policy. no.

NATURE AND URGENCY OF ADMISSION

Voluntary Involuntary Medical Hospitalization Involuntary Hospitalization KESB Detention
 Elective Desired entry date
 Emergency **Note: Emergency registrations must always be made by telephone at 044 716 42 75.**

For voluntary, elective admission:


Should the patient's health condition deteriorate requiring emergency intervention, please contact us immediately by phone.

FOR ADMISSION BY PRECAUTIONARY PLACEMENT (FU)

Legal basis available on the KESB website.

FU forms must be completed by a medical specialist and submitted in original at admission.

Form: Involuntary Hospitalization

 Form: Caring accommodation by a doctor

MEDICAL INFORMATION *(attach separate letter if necessary)*

Psychiatric diagnoses (ICD codes) required for supplementary or out-of-canton patients

Somatic diagnoses / findings (BD, UA, CT...)

Reason for referral / current situation / symptoms / social situation / daily structure

Previous treatment

Medications/Dosages

Drug <i>e.g. Panadol</i>	Dosage <i>e.g. 500mg pill</i>	Morning <i>e.g. 1</i>	Noon <i>e.g. 0.5</i>	Evening <i>e.g. 2</i>	Night <i>e.g. 0</i>
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Treatment goals/orders

Risk of self-harm yes no

Suicide attempts in the past yes no

Danger to others yes no

Supplementary information / method / remarks:

Patient decree: yes no unknown

Substances:

Alcohol no harmful use dependence

Benzodiazepine no harmful use dependence

Other substances no harmful use dependence

SPECIAL CARE FEATURES

Mobility unrestricted walking sticks wheelchair bedridden

Personal Hygiene independent supervised assistance required

Allergies

Incompatibilities

Preliminary interview desired: yes no

Remarks:

Please send the completed form for **inpatient registrations** to:

by email: aufnahme@sanatorium-kilchberg.ch

by Mail: **Sanatorium Kilchberg AG**
Triage, Alte Landstrasse 70, 8802 Kilchberg

Phone: +41 44 716 42 75