GERTRUDIS PRIVATKLINIK

Karl-Ferdinand-Broll-Straße 2-4
35638 Leun-Biskirchen
Telefon: +49 6473-305-0
Telefax: +49 6473-305-57
E-Mail: Info@parkinson.de
Aufnahme@parkinson.de

APPLICATION

patient

family name

first name

date of birth

place of birth

nationality

religion

country (of residence)

street

postal code

city

telephone-number

retiree

yes ☐ *no* ☐

marital status

profession

Relative/those next of kin

family name

first name

street

telephone-number

Postal code

city

EXTRA-CHARGES

2-bed-room ☐
1-bed-room ☐
medical director ☐
accompanying person ☐

Disease state

Can you

	Yes	No
stand alone	☐	☐
walk alone	☐	☐
eat alone	☐	☐
swallow	☐	☐
dress and undress alone	☐	☐
wash alone	☐	☐

Do you have

	Yes	No
hallucinations	☐	☐
confusion	☐	☐
nocturnal restlessness	☐	☐
tendency to „run away“	☐	☐
aggressiveness	☐	☐
pressure sores	☐	☐
wounds	☐	☐
pumping systems (for example Apomorphin, Duodopa, Insulin)	☐	☐

Are you

	Yes	No
bedridden	☐	☐
wheelchair-bound	☐	☐
urinary incontinence	☐	☐
faecal incontinence	☐	☐
with a PEG (Gastric tube supplied)	☐	☐

Is the patient carrier of a hospital germ **(for example MRSA/MRGN/ESBL)?** **Yes** ☐ **No** ☐
or was he treated earlier for such a germ? **Yes** ☐ **No** ☐

Do you need special food? Dietform: _____

Hospitalization > 3 days in the last 12 months **Yes** ☐ **No** ☐
Former outpatient treatment in our Parkinson-Zentrum ***Yes*** ☐ ***No*** ☐ **when:……..**
Former inpatient treatment in our Parkinson-Zentrum ***Yes*** ☐ ***No*** ☐ **when:……..**

Country, Place, Date, Signature