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