ZUGER Kantonsspital

ADMISSION FORM

PERSONAL DETAILS

Surname | Forename

Date of Birth | Gender ☐ female ☐ male

Street, No. | Telephone home

Address, Postcode (official domicile) | Mobile

Home Town / Country of Origin | E-mail

Marital status | Religion/Denomation

NEXT OF KIN I wish the following person(s) to be contacted in an emergency:

Next of Kin 1

☐ Spouse ☐ Partner ☐ Daughter/Son ☐ Mother/Father ☐ Sister/Brother ☐ Guardian ☐

Surname, Forename | Telephone

Address / City/Town/Village | ☐ same address as the patient

Next of Kin 2

☐ Spouse ☐ Partner ☐ Daughter/Son ☐ Mother/Father ☐ Sister/Brother ☐ Guardian ☐

Surname, Forename | Telephone

Address / City/Town/Village | ☐ same address as the patient

FAMILY DOCTOR / REFERRING PHYSICIAN

Referring Physician, Name | City/Town/Village

Family Doctor, Name | City/Town/Village

INSURANCE Please show health insurance card

☐ **Illness** I have health insurance with:

Health insurance company

Card number 807

OASI number

Class of Insurance: Illness in-patient

☐ General residential canton ☐ General for all of Switzerland

☐ Semi-private ☐ Private

☐ Foreigner with no European Health Insurance Card

Supplementary insurance

ACCIDENT (only to be completed in the event of an accident)

☐ **Accident** I have accident insurance with:

Accident insurance or health insurance company

Insurance number

OASI number

Class of Insurance: Accident in-patient

☐ General ☐ Semi-private ☐ Private

☐ Foreigner with no European Health Insurance Card

Profession ☐ self-employed ☐ salaried | Employer/Company/Place

Occupation

Are you registered with the RUO? ☐ Yes ☐ No

Please notify your employer about your accident

please turn over →

DECLARATION OF CONSENT

I acknowledge and agree that

- my referring physician, family doctor and, if applicable, other physicians or therapists involved in my treatment receive a report on my current treatment at Zuger Kantonsspital.
- Zuger Kantonsspital may obtain the medical information necessary to carry out the treatment from my pre-treating doctors or hospitals and other medical personnel. Thus, I release the pre-treating physicians and medical specialist teams from professional confidentiality.

MEDICAL REGISTERS (Systematic Data Collection)

Medical registers make an important contribution to quality assurance. Zuger Kantonsspital is subject to legal reporting obligations, patient data in anonymised or non-anonymised form to medical registers (clinical and epidemiological registers, cancer registers), the funders (insurance companies, cantons), and to pass it on to the Federal Statistical Office, inter alia, or to use it for internal quality assurance. I agree to the registration and processing of my data in the relevant registers.

I can revoke this Declaration of Consent at any time.

IMPORTANT

If you are not sufficiently insured for the selected insurance category or if the assumption of costs by your insurance company is subsequently refused (in accordance with KVG, VVG, UVG, etc.), all uncovered costs will be borne by you.

If you would like a room for private use or a room for 2-person use and are not insured accordingly, please fill out the form “Special room request".

If you have a living will, please bring along a copy of it with you when you are admitted.

I confirm that I have read and understood this information.

Date _____ Signature _____
Patient / Representative

☐ The form has been completed by a representative:

Forename, Surname _____ Telephone _____

☐ Signature not possible

Please sign and return this form in the enclosed reply envelope or bring it with you at the latest when you are admitted to the hospital. If you have any questions, please contact the patient admission team. They can be contacted by calling +41 41 399 44 46 or via e-mail at pataufnahme@zgks.ch.