FORMULAR DE SOLICITARE SERVICII

**Data naşterii:** \_\_\_\_\_\_\_\_\_\_\_\_, **vârsta:** \_\_\_\_\_\_\_\_

**Nume:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prenume:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cod numeric personal:**

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 **Adresa:**Loc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Str \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Nr.\_\_\_\_\_\_\_Bl.\_\_\_\_\_\_\_ Sc.\_\_\_\_, Ap.\_\_\_\_\_\_, Et.\_\_\_\_\_, Interfon \_\_\_\_\_, Sector/județ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Telefon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persoana de contact:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Diagnostic complet:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Diagnostic boli asociate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Simptome prezente:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Motivele trimiterii :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medic de familie / specialist:**

Data: \_\_\_ / \_\_\_ / 20\_\_\_

Nume \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon de contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semnătura şi parafa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Se completează de către personalul HOSPICE***

**Cunoaște diagnosticul**: DA NU

**Simptome necontrolate:**

* + **[ ]** Agitație
	+ **[ ]** Anxietate
	+ **[ ]** Ascită
	+ **[ ]** Constipație
	+ **[ ]** Confuzie
	+ **[ ]** Convulsii
	+ **[ ]** Deshidratare
	+ **[ ]** Depresie
	+ **[ ]** Delir
	+ **[ ]** Diaree
	+ **[ ]** Disfagie solide/ lichide
	+ **[ ]** Dispnee
	+ **[ ]** Durere
* **[ ]** Edem/limfedem
	+ **[ ]** Escare
	+ **[ ]** Febră
	+ **[ ]** Fistule
	+ **[ ]** Greață
	+ **[ ]** Hemoragie
	+ **[ ]** Icter
	+ **[ ]** Inapetență
	+ **[ ]** Incontinență
	+ **[ ]** Insomnie
	+ **[ ]** Probleme urinare
	+ **[ ]** Prurit
	+ **[ ]** Stomă
	+ **[ ]** Sughiț
	+ **[ ]** Transpirații
	+ **[ ]** Tulburări motorii
	+ **[ ]** Tulburări senzoriale
	+ **[ ]** Tumori exulcerate
	+ **[ ]** Tuse
	+ **[ ]** Vărsături

**ECOG:** \_\_\_\_\_\_

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| **ECOG** | Complet activ; capabil să ducă la bun sfârşit activităţile desfăşurate înainte de a se îmbolnavi | Restricţii în îndeplinirea activităţilor fizice solicitante, dar mobil şi capabil să desfăşoare munci uşoare sau sedentare (ex. muncă de birou) | Mobil şi capabil să se îngrijească singur, dar incapabil să muncească; treaz şi activ mai mult de 50% din timpul efectiv | Parţial capabil să se îngrijească singur; imobilizat în scaun sau la pat peste 50% din timpul efectiv | Imobilizat complet la pat sau în scaun; nu se poate îngriji singur deloc |

 **Tratament simptomatic:**

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**Așteptări de la HOSPICE Casa Speranței:**

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 **Am fost informat cu privire la :**

**Semnătură beneficiar**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 serviciile HOSPICE care îmi pot fi oferite;
 condițiile de accesare pentru fiecare serviciu în parte;
 modalitatea în care pot face o sesizare/reclamație.