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.