HCS_logo-vectorial-gri.eps

Str. Tamaioarei 121-123,

Sector 2, Bucuresti

Tel: 0372706210; 0372706208

e-mail: [hospice@hospice.ro](mailto:hospice@hospice.ro)

[www.hospice.ro](http://www.hospice.ro)

LS Nr. registru pacienti / data

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FORMULAR DE SOLICITARE SERVICII

Nume…………………………………....…….......…...… Prenume …………………..……………..….....………

Data naşterii …………………………. vârsta ……………..

Cod numeric personal:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Adresa: Localitatea …………….......................... Str……………………………………………….…………., Nr…………, Bl…..…, Sc.........., Et…..…., Ap…….., Interfon……..…., Sector/județ ……..................………

Telefon:….............................…

Persoana de contact : ……………………………………………............................... in calitate de ......................................

.........................................................................................................................Telefon......................................................

Diagnostic principal/secundar ……………………………………………………………….....................................................

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Simptome prezente - ……………………………… ………..................................................................................................

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Motivele solicitarii/ Așteptări de la HOSPICE Casa Speranței …..........................................................................................

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**Tip serviciu solicitat**

Ambulatoriu Internare Centru de zi Ingrijire la domiciliu

Pacientul cunoaște diagnosticul: Da Nu

Am fost informat cu privire la: serviciile HOSPICE care îmi pot fi oferite;

condițiile de accesare pentru fiecare serviciu în parte;

modalitatea în care pot face o sesizare/reclamație.

drepturile legale privind protectia datelor personale

Acte anexate (in copie) .......................................................................................................................................................

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Medic de familie / specialist .............................................

Telefon, date de contact ..................................................................................................................................................

Mentiuni ............................................................................................................................................................................

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Data, Solicitant / Calitatea,