sanatoriumKILCHBERG
PRIVATKLINIK FÜR PSYCHIATRIE | PSYCHOTHERAPIE | PSYCHOSOMATIK

Treatment Registration

Type of Treatment ◯ inpatient treatment ◯ outpatient treatment

Date of registration

MAIN FOCUS OF TREATMENT

☐ Depression ☐ Burnout, Exhaustion Depression ☐ Burnout, Exhaustion Depression *(in English)*

☐ Stress-related pain ☐ Insomnia ☐ Compulsive disorders ☐ Anxiety disorders

☐ Withdrawal treatment ☐ Dementia / Delirium ☐ Psychosis spectrum

☐ Other (specify)

PERSONAL INFORMATION

Last name* First name*

Date of birth* Gender* ◯ female ◯ male

Street / No. Zip code/City*

Nationality Language

Religion Marital status

Children / age / number

Phone no.* E-mail*

Correspondence language

(Address, if not identical with the place of residence)

Electrnonic Patient Record (EPR) ◯ yes ◯ no

CONTACT PERSONS

Referrer

Name | Address

Phone | E-mail

General practitioner *(if different from referrer)*

Name | Address

Phone | E-mail

Psychiatrist / psychologist *(if different from referrer)*

Name | Address

Phone | E-mail

Private contacts *(partner, relatives etc.)*

Name | Relationship

Phone | E-mail

Legal counsel ◉ **yes** ○ **no**

Name | Address

Phone | E-mail

COVERAGE

☐ General ☐ Semi-private ☐ Private ☐ Self-payer ☐ Switzerland-wide insurance

Basic insurance

Name | Policy. no.

Supplementary insurance *(if applicable)*

Name | Policy. no.

NATURE AND URGENCY OF ADMISSION

☐ Voluntary ☐ Involuntary Medical Hospitalization ☐ Involuntary Hospitalization KESB ☐ Detention

☐ Elective Desired entry date

☐ Emergency **Note**: *Emergency registrations must always be made by telephone at* ***044 716 42 75.***

For voluntary, elective admission:
Should the patient's health condition deteriorate requiring emergency intervention, please contact us immediately by phone.

FOR ADMISSION BY PRECAUTIONARY PLACEMENT (FU)

Legal basis available on the KESB website.
FU forms must be completed by a medical specialist and submitted in original at admission.

FORM: INVOLUNTARY HOSPITALIZATION

Form: Caring accommodation by a doctor

MEDICAL INFORMATION *(attach separate letter if necessary)*

Psychiatric diagnoses (ICD codes) required for supplementary or out-of-canton patients

Somatic diagnoses / findings (BD, UA, CT...)

Reason for referral / current situation / symptoms / social situation / daily structure

Previous treatment

Medications/Dosages

Drug *e.g. Panadol*	Dosage *e.g. 500mg pill*	Morning *e.g. 1*	Noon *e.g 0.5*	Evening *e.g 2*	Night *e.g. 0*

Treatment goals/orders

Risk of self-harm ◉ **yes** ○ **no**

Suicide attempts in the past ◉ **yes** ○ **no**

Danger to others ◉ **yes** ○ **no**

Supplementary information / method / remarks:

Patient decree: ◉ **yes** ○ **no** ○ **unknown**

Substances:

Alcohol	◉ no	○ harmful use	○ dependence
Benzodiazepine	◉ no	○ harmful use	○ dependence
Other substances	◉ no	○ harmful use	○ dependence

SPECIAL CARE FEATURES

Mobility	◉ unrestricted	○ walking sticks	○ wheelchair	○ bedridden
Personal Hygiene	◉ independent	○ supervised	○ assistance required	
Allergies				
Incompatibilities				
Main Diet	○ Regular Diet	○ Vegetarian	○ Vegan	
Additional Diet	○ Gluten-Free	○ Lactose-Free	○ Kosher	
Other				

Preliminary interview desired: ◉ **yes** ○ **no**

Remarks:

Please send the completed form for **inpatient registrations** to:

by email: admission@sanatorium-kilchberg.ch

by Mail: **Sanatorium Kilchberg AG**
Triage, Alte Landstrasse 70, 8802 Kilchberg

Phone: +41 44 716 42 75