

Muscle tone

high stiffness spasticity where?
 normal where?
 low limpness Amyotonia (EMG) where?

Contractures

none occurring where?

Psychomotor agitation (PMA) YES NO

Deep (proprioceptive) sensation

normal disturbed where?

Superficial (exteroceptive) sensation

normal disturbed where?

INTERNAL MEDICINE

Height..... Weight.....

CRP date PCT date

Rectal smears for multi-resistant strains (VRE, MBL).

MBL date.....OTHER date

VRE date.....ESBL date

IONOGRAM

MORPHOLOGY

Chest X-ray * YES NO interpretation incl. YES NO

*Please, enclose x-ray report

COVID-19 Test Result date

Edema	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Location	<input type="text"/>
Wounds	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Type	<input type="text"/>
Pressure ulcers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Area	<input type="text"/>
			Stage	<input type="text"/>

Circulatory system

Blood pressure mmHG Cardioverter inserted YES NO

Heart rate regular abnormal ca. /min

Respiratory system

efficient inefficient tracheostomy assisted ventilation Oxygen therapy

Tracheostomy tube type

Date inserted/replaced date

Secretion in bronchial tree

Comments

Gastrointestinal system

Stomach tube PEG Oral nutritional support YES NO

Dietary recommendations

Urinary system

Urinary catheter YES NO

Catheter type

Urine culture date

Catheter problems YES NO

Date inserted/ replaced

Bowel control YES NO

Current pharmacological treatment

Antibiotic therapy in last two weeks

Antipyretic drugs in last two weeks

Current pharmacological treatment

Category of nursing care: I II III IV Justification:

Neoplastic diseases YES NO

ORTHOPAEDICS

Type of injury

Post-operative YES NO

Type of surgery

Up-to-date X-ray YES NO Report enclosed YES NO

Up-to-date orthopaedic consultation YES NO Report enclosed YES NO

Locomotor system

Contractions Amyotrophy Anastomosis YES NO

Type of anastomosis

Contraindications for MRI YES NO

Patient's locomotion

- Bedridden YES NO
- Walking assisted independent can't walk
- Using a wheelchair assisted independently can't move
- Wheelchair own rented no wheelchair

Speech and Communication

Without disorders disruption what kind?

Motivation in rehabilitation YES NONE difficult to assess

ACTIVITIES OF DAILY LIVING

Able to accomplish activities of daily living YES NO

If not, what activities need assistance?

Is the Patient capable of doing the following activities:

- prepare his/her own meals YES NO
- eat YES NO
- dress up YES NO
- daily hygiene routine YES NO
- Taking a bath YES NO
- transferring from bed to chair YES NO
- getting up from chair YES NO
- Taking the stairs YES NO

Is the patient moving independently? YES NO

Is the patient moving with the help of another person or orthopaedic equipment? YES NO

Is the patient moving independently:

- only around the apartment? YES NO
- is the patient capable of going shopping? YES NO
- is the patient capable of going for walks? YES NO

If yes, what distance?

I hereby confirm that all the data contained in the application is true and consistent with the current health status of the patient. Upon request of the qualification team, I undertake to provide the results of imaging tests, laboratory tests, wound / rectal swabs or intra-stay medical history reports.

PLACE AND DATE

PHYSICIAN'S SIGNATURE AND SEAL