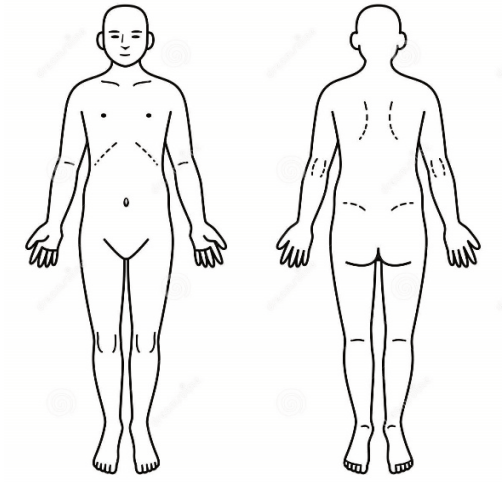
Patient Application Form

Rent a Nurse Thailand

We will keep all your information confidential and only use it for our internal process. After receiving your application, we will inform you about the availability of our Service.

Patient Information			
Name:		Family Name:	
Age:		Date of Birth:	
1./2. Language:		Nationality:	
Insurance:		Insurance Number:	

Family Information			
	Name	**Telefone**	**Relation/Comments**
1. Relative:			
2. Relative:			
3. Relative:			
LAR:			
1. Best Friend:			
2. Best Friend:			

Anamnesis - History			
Main Diagnosis	**Name**	**Date Diagnosed**	**Comments**
1. Diagnosis:			
2. Diagnosis:			
3. Diagnosis:			
1. Surgery:			
2. Surgery:			
Other Conditions	**Location**		**Description**
Wounds:			

Anamnesis - Current State			
Circulatory/Respiratory		**Ambulatory** (yes/no/comments)	
Pulse:		Fully Bedridden:	
Blood Pressure:		Move in Bed:	
SpO2:		Move out of Bed:	
Temp:		Move with Wheelchair:	
RR:		Standing:	
Consciousness (alert/confused /dement/koma/ psychiatric state):		Walking/Tools:	
		Dressing:	
		Fall-Risk:	
		Disability:	
Required Hygienical Assistance (required/not required/comments)			
Brush Teeth:			
Wash Face:			
Wash Hair:			
Shower:			
Cut Nails:			
Toilet Urine:			
Toilet Stool:			
:			

Anamnesis - Medical Supplies			
Main Medication			
Name	**Dosage**	**Time/Comments**	
Lines (IV, urine catheter, …)			
Name	**Location**	**Date Inserted**	**Comments**

Respirator/Oxygen/Suction			
Type (CPAP, nasal prong, ..)	**O2 Flow**	**SpO2** (RA/O2)	**Other Settings/Comments**

Other Frequent Medical Equipment (Hospital Bed, Wound-Dressing, Toilet Chair, Walker …)		
Type	**Comments**	**Already Available?**

Scope of Service (describe what kind and extend of Service you expect)	
Address:	
Home prepared for home-care from date:	
Requested Start / End – Date:	
Room for Nurse available? (with bath?):	

I herewith confirm that the above given information is correct and request a Quotation for my consideration.		
Date:	1.Name:	Position:
Date:	2.Name:	Position:
1.		2.