6250

PATIENT'S STATEMENT UPON ADMISSION TO UMC LJUBLJANA

univerzitetni klinični center ljubljana

TO BE COMPLETED BY STAFF

Clinic / department:	Patient information (name and surname, date of birth, national identification number) or label:

TO BE COMPLETED BY PATIENT

1. Do you agree to be admitted to hospital?	☐ yes	☐ no
2. Did you receive the booklet information for patients and visitors when admitted to the hospital?	☐ yes	☐ no
3. With whom do you allow to share information about your health condition?	☐ everyone	☐ no one
☐ exclusively with the following people (surname and name, telephone number, address):		
4. With whom do you allow to share information from your medical records or information about your medical treatment?	☐ everyone	☐ no one
☐ exclusively with the following people (surname and name, telephone number, address):		
5. Who do you allow to visit you?	☐ everyone	☐ no one
☐ exclusively the following people (surname and name, address):		
6. During your medical treatment do you allow the presence of university students / high school students / and other health workers for educational purposes?	☐ yes	☐ no one
7. Do you allow for a UMCL volunteer to be present?	☐ yes	☐ no one
8. Did you sign the form stating your wishes in advance about the treatment?	☐ yes	☐ no one
9. In the need for restrain, should we inform your immediate family member / immediate person / representative?	☐ yes	☐ no one
Surname and name of the patient / caretaker / parents of a child under 15 years of age:		
Signature of a patient / caretaker / parents:	Date:	

TO BE COMPLETED BY STAFF

☐ Due to patient's health condition the statement cannot be obtained.	☐ The patient does not want to complete the statement.		
☐ Other comments:	☐ foreign language	☐ sign language	other:
Date:	Name and surname:	Signature:	

TO BE COMPLETED BY DOCTOR

Date:	Name and surname:	Signature:

STATEMENT BY THE TRANSLATOR OR INTERPRETER

I translated or interpreted the obtained information to the patient to the best of my abilities and in a way that I believe they were able to understand.	
Name and surname:	Signature: