



**PATIENT'S STATEMENT UPON ADMISSION
FOR OUTPATIENT TREATMENT,
DAY HOSPITAL TREATMENT OR
ONE-DAY HOSPITAL TREATMENT**

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 being admitted for the outpatient treatment /day hospital treatment / one-day hospital treatment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. With whom do you allow to share information from your medical records or information about your medical treatment?	<input type="checkbox"/> everyone	<input type="checkbox"/> no one
<input type="checkbox"/> exclusively with the following people (surname and name, telephone number, address):		
3. During your medical treatment do you allow the presence of university students / high school students / and other health workers for educational purposes?	<input type="checkbox"/> yes	<input type="checkbox"/> no one
4. Did you sign the form stating your wishes in advance about the treatment?	<input type="checkbox"/> yes	<input type="checkbox"/> no one
5. In the need for restrain, should we inform your immediate family member / immediate person / representative?	<input type="checkbox"/> yes	<input type="checkbox"/> 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

<input type="checkbox"/> Due to patient's health condition the statement cannot be obtained.	<input type="checkbox"/> The patient does not want to complete the statement.		
<input type="checkbox"/> Other comments:	<input type="checkbox"/> foreign language	<input type="checkbox"/> sign language	other:
Date:	Name and surname:	Signature:	

TO BE COMPLETED BY DOCTOR

Date:	Name and surname:	Signature:
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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: