



PATIENTENAUFNAHMEBLATT

Form fields for patient type (Ambulant/Stationär), clinic, admission number, date, and time.

Patientendaten

Versichertendaten

Form fields for patient name, birth name, date, address, and family members.

Form fields for gender, nationality, and family status.

Kostenträger (Krankenkasse)

Form fields for current treatment status, insurance type, and employer.

Form fields for insurance type (Mitglied, Fam. mitversichert, Selbstzahler, etc.).

Form field for transfer of medical certificate (Überweisungsschein).

Form fields for occupational accidents (Berufsunfällen) including time and start.

Form field for professional association (Berufsgenossenschaft).

Form fields for care packages (Pflegesätze) including Allg. Pflegesatz, Dialyse, and room type.

Form field for diagnosis (Diagnose).

Form field for referring doctor (Einw. Arzt).

Form field for general practitioner (Hausarzt).