ZUGER Kantonsspital

ENTRY FORM

1. PERSONAL DETAILS

Surname

Forename

Street, No.

Postcode, City (official domicile)

Home Town / Country of Origin

E-mail

Gender ☐ female ☐ male

Date of Birth

Marital status

Denomination

Telephone home

Mobile

2. NEXT OF KIN I wish the following person(s) to be contacted in an emergency

Next of Kin 1

☐ Spouse ☐ Partner ☐ Daughter/Son ☐ Mother/Father ☐ Sister/Brother ☐ Guardian ☐

Surname, Forename

Address//City/Village

Telephone

☐ same address as the patient

Next of Kin 2

☐ Spouse ☐ Partner ☐ Daughter/Son ☐ Mother/Father ☐ Sister/Brother ☐ Guardian ☐

Surname, Forename

Address/City/Village

Telephone

☐ same address as the patient

3. REFERRING PHYSICIAN / FAMILY DOCTOR

Referring Physician, Name

Family Doctor, Name

Town/City

Town/City

4. REASON FOR TREATMENT

☐ Sickness (please fill in the information under the **point 5**)
☐ Accident (please fill in the information under the **point 6**)

5. HEALTH INSURANCE

Basic insurance

Insurance company

Policy number

Card number 807

☐ Foreigner with no European Health Insurance Card

AHV number 756 .

Class of Insurance: General residential canton

Supplementary insurance

Class of Insurance ☐ General for all of Switzerland ☐ Semi-private ☐ Private

Reason for treatment ☐ Sickness ☐ Accident

Insurance company

Policy number

please turn over, fill in the back and sign the form →

6. ACCIDENT INSURANCE

Are you employed?

☐ **yes** Please inform your employer about your accident and fill in the details of the accident insurance **below**.

☐ **no**

Are you registered with the RUO?
☐ yes (please fill in the details of the accident insurance **below)**
☐ no (please fill in the information under **point 5 «Health insurance»**)

Occupation

☐ salaried

☐ independent

Employer/Company, Address, Postcode, City

Name accident insurance

Claim number

Date of accident

Class of Insurance ☐ General ☐ Semi-private ☐ Private

If you have taken out supplementary accident insurance with your health insurance company for the private or semi-private insurance class, please fill in the details under **point 5 «Supplementary insurance».**

IMPORTANT

If you have a living will, please bring a copy of it with you to your admission appointment.

If you are not sufficiently insured for the chosen insurance class or if the insurance company subsequently refuses to cover the costs, all uncovered costs shall be borne by you.
If you are not sufficiently insured for the chosen insurance class or if the insurance company subsequently refuses to cover the costs (according to Basic insurance, Supplementary insurance, Accident Insurance, etc.), all uncovered costs will be borne by you.

I confirm that I have understood and agree to the information.

Date Signature

Patient / representative

☐ The form was completed by a representative:

Surname, Forename Telephone

Please sign and return this form in the enclosed reply envelope.
If you have any questions, please contact the Patient Admissions Team. They will be happy to help you on telephone number +41 41 399 44 40 or by e-mail pataufnahme@zgks.ch.