RENT MY NURSE Co., Ltd.
Sino Rawai, 25/101 Moo 1, Soi Sowsod
T.Rawai, A. Muang Phuket 83130
Phone: +66 (0) 80 4151 799 Fax: +66 (0)76 388 118

Questionaire to determine the scope of home care and contact information

Deatils of the applicant

Name and Surname of the Patient	Birthdate	Gender m / w

Adress 1

Adress 2

Street | Place

ZIP

Phone

Health insurance

Details of family members or reference person / confidant

Name and Surname (main contact for emergency)	Name and Surname (2nd contact for emergency)
Adress	Adress
ZIP / Place	ZIP / Place
Phone (privat) Phone (business)	Phone (privat) Phone (business)
Email	Email
accessibility	accessibility

Information about familiy doctor / Hospital

Name of the Doctor, Hospital | Phone

Adress / ZIP / Place

RENT MY NURSE Co., Ltd.
Sino Rawai, 25/101 Moo 1, Soi Sowsod
T.Rawai, A. Muang Phuket 83130
Phone: +66 (0) 80 4151 799 Fax: +66 (0)76 388 118

Voice and sleep behavior

The language comprehension is:

- ○ Completely preserved
- ○ Largely obtained
- ○ Limited
- ○ Limited to gestures
- ○ others

The sleep behavior is:

- ○ Sleep well and calm
- ○ Difficulty falling asleep
- ○ Staying asleep problems
- ○ Day and night reversal
- ○ Need sleeping pills

Remark:

General care

The term general basic care means all nursing measures that are necessary in the context of body care, nutrition, mobilization and excretion.

Belong to this:

- ○ Body care, washing, showering or bathing
- ○ Foot and nail care
- ○ Support at the toilet
- ○ Changing incontinence material
- ○ Storage in bed, decubitus care
- ○ Change urinary catheter
- ○ Changing stoma bag
- ○ Put on compression stockings
- ○ Exercise, mobilization
- ○ No help needed

Remark:

RENT MY NURSE Co., Ltd.
Sino Rawai, 25/101 Moo 1, Soi Sowsod
T.Rawai, A. Muang Phuket 83130
Phone: +66 (0) 80 4151 799 Fax: +66 (0)76 388 118

Treatment care

Treatment care means medical measures that may only be carried out by qualified personnel.

Belong to this:

- ◯ Provide, control and administer medication
- ◯ Blood pressure, pulse, and breath control
- ◯ Blood glucose testing
- ◯ injections
- ◯ Catheter insert and supply
- ◯ Inhale, respiratory therapy
- ◯ Help with medical baths, application of wrapping
- ◯ Measures for respiratory therapy
- ◯ wound care
- ◯ Introduction of feeding tubes
- ◯ No care necessary

Remark:

Food and Drink

Do you need assistance by eating and drinking?

- ◯ Yes
- ◯ No
- ◯ Sometimes
- ◯ No help needed

Need to follow a diet, if so, which?

- ◯ No, i can eat all
- ◯ Yes, I need a diet (please specify)

what

Do you have a food allergy?

- ◯ No, or unknown to me
- ◯ Yes (please specify)

on what

RENT MY NURSE Co., Ltd.
Sino Rawai, 25/101 Moo 1, Soi Sowsod
T.Rawai, A. Muang Phuket 83130
Phone: +66 (0) 80 4151 799 Fax: +66 (0)76 388 118

Medicaments

What prescribed medication you need to take it ? (name of thr drug)

in the morning	
at lunchtime	
in the evening	
before sleep	
no medication	

Do you have an allergy to specific drugs?

- ◯ no, or unknown to me
- ◯ yes, (please specify)

on what

Monitoring and observation

What controls were prescribed by the doctor?

- ◯ Creating a hydration or hydration balance
- ◯ Daily blood glucose measurement
- ◯ Multiple quick value control
- ◯ No controls necessary or prescribed
- ◯ Other, please specify

Remark:

RENT MY NURSE Co., Ltd.
Sino Rawai, 25/101 Moo 1, Soi Sowsod
T.Rawai, A. Muang Phuket 83130
Phone: +66 (0) 80 4151 799 Fax: +66 (0)76 388 118

Extent of care by Days and Hours

Clarification of the care needs and the environment of the patient of the necessary measures possibly together with the attending physician and the confidant. Advice to the patient in the carrying out of the nursing care, in particular with the handling of the illness symptoms, with the taking of the medicaments or the use of medical devices. Coordination of the measures with regard to complications in complex and unstable care situations by specialized specialists.

When and how many days at week?

- ○ Once at week
- ○ Twice a week
- ○ Whole week, do you need (5 Days) or (7 Days)
- ○ From date …… to …… date
- ○ Whole month
- ○ Specify ……..

Please specify how many hours per day?

- ○ Halfday morning (4 hrs) means 8:00 am to 12:00 am
- ○ Halfday afternoon (4 hrs) means 1:00 pm to 5:00 pm
- ○ Full day (8 hrs) means 08:00 am to 5:00 pm
- ○ 24 hrs care
- ○ Specify ……..

Date: _____ Signature: Applicant _____

Date: _____ Signature: Confidant _____