

ILLNESSES

COPING WITH ILLNESSES      ☐ open      ☐ reserved      ☐ ignoring

What promotes well-being during an illness (rest, being cared for, touch?)

THIS AND THAT

favorite colour

favorite food      favorite drink

food (dislike)      drink (dislike)

Aromas such as lavender, caraway, anis (preferences)      Aromas such as lavender, caraway, anis (dislike)

SWEATS EASILY      ☐ yes      ☐ no      GETS COLD EASILY      ☐ yes      ☐ no

HOLIDAYS      ☐ sea      ☐ mountains      ☐ city      ☐ countryside

PERSONAL HABITS AND DISLIKES

LIFETIME EVENTS (educational/ professional background, wedding, birth of children, significant events)

OWN NOTES/SPECIAL FEATURES

For difficult questions, concerns or potential problems, the ethics commitee is gladly available to provide advice (phone +49 5 91 918-1018).

BIOGRAPHICAL ANAMNESIS

DEAR FAMILY MEMBERS,

we are deeply committed to providing individualized, needs-oriented care for the patients entrusted to us. To consider preferences as well as dislikes, we kindly ask you to take a moment to answer a few questions.

Thank you very much for your assistance

Your team at MEDICLIN Hedon Klinik

PERSONAL DATA

last name, first name

postal code, place of residence

date of birth

marital status

FAMILY AND SOCIAL AFFAIRS

life partner

children

relatives / caregivers

ADVANCE DIRECTIVE (please present if applicable)

☐ yes

☐ no

CARE POWER OF ATTORNEY BY

last name

first name

LANGUAGE SKILLS

mother tongue

german language skills

OCCUPATION

learned profession

current profession

SHIFT WORK

☐ yes

times

RETIRED

☐ yes

since

HOBBIES / INTERESTS

PETS

☐ yes, which ones?

RELIGION

Which religion?

What religious or cultural rites are important to her / him?

IS YOUR RELATIVE RELIGIOUS?

☐ yes

☐ no

IS PASTORAL CARE OR RELIGIOUS SUPPORT DESIRED?

☐ yes

☐ no

MEDIA

daily newspaper

TV (favorite shows)

favorite music

TV (dislikes)

What music does she / he dislike?

GLASSES / READING GLASSES (please bring!)

☐ yes

☐ no

MOBILE PHONE

☐ yes

☐ no

HEARING AID (please bring!)

☐ yes

☐ no

LAPTOP / PC

☐ yes

☐ no

SLEEP HABITS

☐ morning person

☐ night owl

PREFERRED SLEEPING POSITION

☐ side position

☐ on the back

☐ stomach sleeper

AFTERNOON NAP

☐ yes

times

BODY CARE

APPLYING LOTION

☐ yes

☐ no

SHAVING

☐ wet

☐ dry

SHOWERING

☐ morning

☐ evening

DENTAL CARE

☐ dental prosthesis

special feature

FAVORITE SCENT (please bring!)