Demande de garantie préalable au **médecin-conseil de l’assureur-maladie** (annexe 1, chiffre 11 OPAS)

Formulaire de demande d’admission en Division B **- version générique externe**

* Ce formulaire est en 2 pages **: Page 1** à envoyer par fax avant l'admission au service du médecin-conseil de l'assureur-maladie.  
  **Page 2** (version générique ou version neuro-réhabilitation) est destinée uniquement aux divisions B pour leur usage interne.
* En ce qui concerne les demandes de **soins palliatifs**, n’envoyez pas ce formulaire à l’assureur : l’accord du médecin-conseil n’est pas requis.
* Le service du médecin-conseil de l'assureur-maladie répond par retour de fax dans les 48h, sans indiquer de délai de garantie.

|  |  |  |
| --- | --- | --- |
| ***(Etiquette)*** | | |
| **Patient :** | | |
| Nom : | N° de patient : | **Répondant :** |
| Prénom : | Sexe : | N° de caisse : |
| Adresse : | Date de naissance : | Nom : |
|  | Cas : | Adresse : |
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| **Diagnostic principal / Date et type d’intervention :** | | | | | | | | | | | | | | | | | | | | | |
| **Comorbidités pertinentes pour cette demande :** | | | | | | | | | | | | | | | | | | | | | |
| **But du séjour** | | | | | | | | | |  | | **Niveau actuel de dépendance** | | | | | | | | | |
| Réadaptation à la marche | | | | | | |  | | |  | |  | | Seul | | | | Aide | | | |
| Réadaptation AVQ | | | | | | |  | | |  | | Toilette | |  | | | |  | | | |
| Reconditionnement - renutrition | | | | | | |  | | |  | | Habillage | |  | | | |  | | | |
| Evaluation de l’autonomie | | | | | | |  | | |  | | Transfert hors du lit | |  | | | |  | | | |
| Suite de traitement | | | | | | |  | | |  | | Aller aux WC | |  | | | |  | | | |
| Soins palliatifs | | | | | | |  | | |  | | Continence | |  | | | |  | | | |
| Autre | | | | | | |  | | |  | | Se nourrir | |  | | | |  | | | |
| **Troubles cognitifs** (mémoire) | | | oui | |  | | | non |  | |  | **Troubles de l’humeur :** | | | | | oui | |  | non |  |
| **Hôpital / clinique / médecin / service envoyeur :** | | | | | | | | | | | | | | | | | | | | | |
| **Coordonnées de la personne de contact pour renseignements complémentaires :** | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | |
| **Nom de l’établissement** | | | | | | | | | | | | | | | | | | | | | |
|  | HOPITAL RIVIERA-CHABLAIS | | | | | | | | | | | | | |  | AUTRE | | | | | |
|  | Gestion des flux – Séjour gériatrie et réadaptation | | | | | | | | | | | | | |  |  | | | | | |
|  | Tél : 058 773 28 56 | | | \*[flux.cgr@hopitalrivierachablais.ch](mailto:flux.cgr@hopitalrivierachablais.ch) | | | | | | | | | | |  |  | | | | | |
| \*La demande d’admission doit être envoyée à l’adresse indiquée ci-dessus | | | | | | | | | | | | | | |  |  | | | | | |
| **Entrée souhaitée dans l’établissement (SGR ou autre) dès le :** | | | | | | | | | | | | | | | | | | | | | |
| **Timbre et signature du service du médecin-conseil**  Retour dans les 48h, sinon considéré comme accepté. En cas de refus, motivation par lettre séparée.  Préavis du service du médecin-conseil de l’assureur : | | | | | | | | | | | | | | | | | | | | | |
|  | | accepté | |  | |  | | | | | refusé | |  | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | |

Formulaire de demande d’admission en Division B **- version générique externe**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient *(Etiquette)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Prénom : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de naissance : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Score dépendance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Divers** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barthel | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | chaise roulante | | | | | | | | | | | | | |  | | | | | | colostomie | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Braden | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | TTB | | | | | | | | | | | | | |  | | | | | | pansement | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| matelas | | | | | | | | | | | | | | | |  | | | | | | | normal | | | | | | | |  | | | Preventix | | | | | | | | | | | | | |  | | | | | cannes | | | | | | | | | | | | | |  | | | | | | sonde | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | autre | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Mesures additionnelles  (isolement) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | régime ? | | | | | | | | | | | | | | | | | | | | | | | suivi diététique | | | | | | | | | | | | | | | | | | | | | | | | |
| **Situation à domicile** | | | | | | | | | | | | | Vit seul(e) | | | | | | | | | | | | | | | | oui | | | | | | | | |  | | | | | | | | non | | | | | | |  | | | | | | Sort du domicile | | | | | | | | | | | | | oui | | | | | | | |  | | | | non | | | | | | |  | | | | | | | | | |
| **Aidé(e) par la famille** | | | | | | | | | | | | | oui | | | | | |  | | | | | non | | | | |  | | | | | | | | | | | | | | | | | **Connu(e) du CMS de :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CAT** | oui | | |  | | | | | | non | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si oui : cocher ci-dessous soit F pour Famille et / ou CMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Finance | |  | | | F | | | | | | Ménage | | | | | | | | | | |  | | | | | | F | | | | | Lessive | | | | | | | | | | | | | | |  | | | | | | | | | F | | | | | Commissions | | | | | | | | |  | | | | | | F | | | | | | | | | Repas | | | | | | | | | | |  | | | F |
|  | |  | | | CMS | | | | | |  | | | | | | | | | | |  | | | | | | CMS | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | CMS | | | | |  | | | | | | | | |  | | | | | | CMS | | | | | | | | |  | | | | | | | | | | |  | | | CMS |
| Toilette | |  | | | F | | | | | | Habillage | | | | | | | | | | |  | | | | | | F | | | | | Médicaments | | | | | | | | | | | | | | |  | | | | | | | | | F | | | | | Téléalarme | | | | | | | | |  | | | | | | F | | | | | | | | | Contrôle santé | | | | | | | | | | |  | | | F |
|  | |  | | | CMS | | | | | |  | | | | | | | | | | |  | | | | | | CMS | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | CMS | | | | |  | | | | | | | | |  | | | | | | CMS | | | | | | | | |  | | | | | | | | | | |  | | | CMS |
| ***Laissez vide pour usage interne du SGR svp*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date d’entrée le :** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Unité/Chambre :** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Médicaments (feuille annexe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Antécédents, faits marquants** (notes dans la Brioche concernant les précédents séjours, infos importantes…) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Transferts :** | | | | | | | | seul | | | | | |  | | | avec aide | | | | | | | | | | | | | | |  | | | | | surveillance | | | | | | | | | | | | | | | | | | |  | | | | | préciser : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobilisation :** | | | | | | | | seul | | | | | |  | | | avec aide | | | | | | | | | | | | | | |  | | | | | surveillance | | | | | | | | | | | | | | | | | | |  | | | | | préciser : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Elimination :** | | | | | | continent | | | | | | | | | | | | | |  | | | | | | | urinaire | | | | | | | | | | | | |  | | | | | fécal | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | incontinent | | | | | | | | | | | | | |  | | | | | | | urinaire | | | | | | | | | | | | |  | | | | | fécal | | | | | | | | | |  | | | | | protection | | | | | | | | |  | | | | SV | | | | |  | | | | | chaise percée | | | | | | | | | | | | |  | | | | |
| **Respiration :** | | | | | | | normale | | | | | | | | | | | | | |  | | | | | | dyspnée | | | | | | | |  | | | | | | | O2 | | | | | | | |  | | | | L/min | | | | | | | |  | | | | CPAP/BiPAP | | | | | | | | | | | | |  | | | | | | aérosol | | | | | | | | |  | | | | | | |
| **Cognitif :** | | | calme | | | | | | | | | | | | | | | | | |  | | | | | agité | | | | | | | | | | | | | | | | |  | | | | | | agressivité | | | | | | | | | | | | | |  | verbale | | | | | | | | | |  | | | | | | | physique | | | | | | | | | | |  | | | aphasie | | | |  | |
|  | | | orientation | | | | | | | | | | | | | | | | | |  | | | | | désorientation | | | | | | | | | | | | | | | | |  | | | | | | temporelle | | | | | | | | | | | | | |  | spatiale | | | | | | | | | |  | | | | | | | collaborant | | | | | | | | | | |  | | | confus | | | |  | |
|  | | | risque de fugue | | | | | | | | | | | | | | | | | |  | | | | | anxiété | | | | | | | | | | | | | | | | |  | | | | | | colère | | | | | | | | | | | | | |  | tristesse | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | |  | | | | | |  | |
| **Alimentation :** | | | | | | | | | mange seul | | | | | | | | | | | |  | | | | | | aide à l’installation | | | | | | | | | | | | | | | | | | | |  | | | | | fausse route | | | | | | | | | | | | |  | | | | | Score Kondrup | | | | | | | | | | | | | | | | |  | | dépendant | | | | | | | | |  | | |
| **Toilette :** | | | | | | | | | complète | | | | | | | | | | | |  | | | | | | haut | | | | | | | | | | | | | |  | | | bas | | | | | | | | | | | | | |  | | | | autonome | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Troubles auditifs :** | | | | | | | | | | | | oui | | | | | |  | | | | | | | non | | | | |  | | | | | | | | | **Troubles visuels :** | | | | | | | | | | | | | | | | | | | | | | | oui | | |  | | | | | non | | | | |  | | | | | | | préciser : | | | | | | | | | | | | | | | | | | |
| **Objectifs et projet post SGR :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notes SGR :** *laisser-vide pour usage interne du SGR svp* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Laisser vide pour usage interne du SGR svp***  Séjours précédents : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |