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

**Demande d’admission**

**en Réadaptation au CHVR = Annexe 3B**

* Ce formulaire est en 2 pages **: Page 1** à envoyer par mail à [chvr.ugf@hopitalvs.ch](mailto:chvr.ugf@hopitalvs.ch) et [chvr.garanties@hopitalvs.ch](mailto:chvr.garanties@hopitalvs.ch).

**Page 2** 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, dans les 48h, par retour de mail au bureau des garanties du CHVR : [chvr.garanties@hopitalvs.ch](mailto:chvr.garanties@hopitalvs.ch)

Tél : 027 603 42 85, en indiquant le délai de garantie.

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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 :**       **Signature du médecin :** | | | | | | | | | | | | | | | | | |
| **Coordonnées de la personne de contact pour renseignements complémentaires :** | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | |
| **Type de réadaptation :**  Réadaptation polyvalente gériatrique *(1.2.3.4)*  Réadaptation musculo-squelettique *(CVP)*  Réadaptation musculo-squelettique (2)  Réadaptation cardiovasculaire *(CVP)*  Réadaptation  Réadaptation pulmonaire *(CVP)*  Réadaptation psychosomatique *(CVP)* | | | | | | | | | | | | | | | | | |
| **Nombre de jours estimés en réadaptation :** | | | | | | | | | | | | | | | | | |
| **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 | | | |  | Délai de garantie : | |  | | | | | |
|  | | | | | Refusé | | | |  | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | |

**Annexe 3B : Formulaire de demande d’admission en Division B** - version générique

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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 | | | | |
| 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 Réadaptation :**  **Date :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entrée souhaitée dans l’établissement dès le :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |