Klinik St. Elisabeth
Heidelberg
Ein Unternehmen von patient21

Application for admission

Klinik Sankt Elisabeth
Max-Reger-Str. 5-7
69121 Heidelberg

06221 - 488 2450
06221 - 488 208
kreisssaal@kse-hd.de

Last name: _____ Maiden name: _____

First name: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Profession: _____

Nationality: _____ Religion: _____

Street: _____

Postcode: _____ Town: _____

Telepfone Number: _____

Gynecologist: _____

Name of Spouse/Life partner: _____

Date of Birth: _____

Telephone number: _____

Health insurance: _____

Additional insurance (if available): _____

I wish to stay in a: ☐ 3-bed-room (standart for public healthcare)

I wish the following optional service:

Medical: ☐ Chief Physician Treatment

Accomodation: ☐ 2-bed-room ☐ 1-bed-room ☐ family room

Previous births (date): _____

Medical conditions: _____

Allergies (Hypersensitivities): _____

Estimated due date: _____

Blood type and rhesus factor: _____

Particularitis during pregnancy: _____

Comments and wishes: _____

You can send this filled-out form to the delivery room of the Clinic St. Elisabeth by post, in person or via mail.

_____ _____

place, date signature

_____

date and time of inpatient admission (to be completed by midwife)