

Patient number:	Surname, first name:	City:	Canton:
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Details about your admission to the hospital as an in-patient

☆ We cannot make definitive plans for your hospital stay until you have completed this form, signed it, and returned it to us.

☆ Please enclose a copy of the health insurance policy issued to you by the authority responsible for payment of your health costs.

In order that we can contact your relatives in case of emergency, please provide us with the following information. Relationship of the contact person to you, their surname, first name, city and postcode, telephone number:

First contact person:
Second contact person:

Reason for admission to hospital:

illness accident

On what type of ward would you like to stay?

general half-private private

How are you insured?

general half-private private

Patients with residence outside the canton of Zürich

canton of residence canton of residence canton of residence
 whole of Switzerland whole of Switzerland whole of Switzerland

I have no health insurance (self-paying)

Name and address of authority responsible for payment of basic health costs (e.g. "Grundversicherung"):

Name:	Street:		
Country:	Postcode:	Town/city:	
Tel. no.:	Insurance policy no.:		

Name and address of authority responsible for payment of additional health costs (e.g. "Zusatzversicherung"):

Name:	Street:		
Country:	Postcode:	Town/city:	
Tel. no.:	Insurance policy no.:		

Comments:

Date:

Signature of the patient:
