



# APPLICATION FORM

Rehabilitation course: from \_\_\_\_\_ till \_\_\_\_\_ 20\_\_\_\_\_ ADELI Contact Person \_\_\_\_\_

## 1. Details of Parent/Guardian:

Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Nationality: \_\_\_\_\_

City/Town: \_\_\_\_\_ Street/Address : \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

## 2. Patient Details:

Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Last Diagnosis: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy dd mm yyyy

Insurance Institution: \_\_\_\_\_

Patient Height: \_\_\_\_\_ (cm) Shoe Size: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Operations and rehabilitations courses done: \_\_\_\_\_

## Epilepsy:

a) number of fits per month \_\_\_\_\_

b) treatment (medications) \_\_\_\_\_





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Recent X-ray of the hips (max. 6 months), Medical Report: \_\_\_\_\_

\_\_\_\_\_

Heart disease: \_\_\_\_\_ Scoliosis: \_\_\_\_\_

Diabetes:  yes  no Hydrocephalus:  yes  no

Tracheotomy/G-Tube: \_\_\_\_\_ Shunts:  yes  no

Visual and Auditory Ability: \_\_\_\_\_

\_\_\_\_\_

Medications currently taken, Purpose: \_\_\_\_\_

\_\_\_\_\_

Physical Abilities (e.g. crawling, walking, sitting, etc.): \_\_\_\_\_

\_\_\_\_\_

Equipment used (e.g. walker, crutches, canes, etc.): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

## Hotel Reservation

All room categories are equipped with two regular-size beds and one extra rollaway bed. Prices per night include breakfast.

Standard  Deluxe  Economy Apartment  Apartment

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Check in \_\_\_\_\_ Check out \_\_\_\_\_

We have read and agree with the General Terms and Conditions of the ADELI Medical Center

Date: \_\_\_\_\_

\_\_\_\_\_ Signature

Please fill out the form and fax to the ADELI Medical Center.

Fax Number: +421 33 77 18 108.

