

Emergency data for the EPR

Please fill out as much of this form as possible and save it in your electronic patient record. Replace it in the EPR (save the new version and delete the old one) if any information has changed.

1. Patient data

Title	
Surname	
First name	
Date of birth	
Gender	
Address (street, no.)	
Postcode, place	
Country	
OASI number (Note: the OASI number has 13 digits)	-----
Nationality	
Mobile phone number	
Landline phone number	
Email address	
Current occupation	
Name and address of employer	
Name of employer's occupational accident insurance	
Name and address of health insurer	
Insurance CARD number	

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2. Emergency contact

(You can add further emergency contacts at the end of the form)

Relationship (e.g. father, daughter, wife, doctor, social worker, etc.)	
What decision-making authority does this emergency contact have?	
Where is this decision-making authority documented?	
Title	
Surname	
First name	
Address (street, no.)	
Postcode, place	
Country	
Mobile phone number	
Landline phone number	
Work phone number	
Email address	
Comments	

3. Treating health professional

(You can add additional health professionals at the end of the form)

Role (e.g. GP, specialist, therapist, Spitex, etc.)	
Specialisation, field, title of specialist doctor	
Title	
Surname	
First name	
Address (street, no.)	
Postcode, place	
Country	
Mobile phone number	
Landline phone number	
Work phone number	
Email address	
Comments	

4. Blood group

Blood group and rhesus factor	
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5. Allergies or intolerances

(You can make further entries at the end of the form)

Name of allergy or intolerance	
Description of reaction in case of an allergy or intolerance	
Comments	
Are there other documents in the EPR about this allergy or intolerance?	

6. Risk factors

For example hepatitis B or C; HIV; multidrug-resistant bacteria; tuberculosis, etc.

(You can make further entries at the end of the form)

Title and description	
Are there other documents in the EPR on this risk factor?	

7. Illnesses and consequences of accidents

(You can make further entries at the end of the form)

Title and description	
Are there further documents in the EPR concerning this illness or any consequence of an accident?	

8. Health cards

Are there health cards in your EPR (e.g. eyeglasses prescription, organ donation card, blood donor card, vaccination data, etc.)?	
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9. Advance care directives

Are there any advance care directives in your EPR?	
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10. Other comments

What other important health-related information about you is there?	
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