CARE SHEET - HOTEL MIDDELPUNT

Dear holidaymaker,

As stated in our logo, we are committed to ensuring you have the best possible holiday.

That is why we ask detailed questions about your care needs to make the intake process as smooth as possible. Please complete the details below as fully as possible.

PERSONAL DETAILS (please bring your health insurance fund sticker)

Name: _____

National health insurance number: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

General practitioner: _____ Tel. nr _____

Physiotherapist: _____ Tel. nr _____

Home care contact: _____ Tel. nr _____

Email home care: _____

Home care at your home address: _____ Tel. nr _____

Name accompanying person:
(present during the stay) _____

Phonenumber accompanying person:
(present during the stay) _____

Expectations of the carer: Please be present at all times whilst care is being provided. To assist with this, we ask for your active help with lifting and moving the patient in and around the bed. This ensures the efficiency of the medical care and provides emotional support to the patient.

CoVeCare
Verpleging aan huis
Body Mind Soul

Hotel *** MIDDELPUNT
Vakanties ~ met zorg ~ aanzee

TRAVEL DETAILS

Arrival date: _____

Departure date: _____

Number of companions: _____

MEDICAL DETAILS / NURSING ISSUES

Tick what is applicable, and clarify:

CONDITION	IF APPLICABLE	CLARIFICATION
Heart problems		
Diabetes care		
Parkinson care		
ALS /CVA / MS		
Dementia care		
Palliative care		
Hemiplegia / tetraplegia		
Difficulties breathing		
Swallowing disorders		
Communication problems		
Anxiety/Compulsiveness		
Epilepsy (type – protocol)		

FOOD

INFO	IF APPLICABLE	REMARKS
Supplementary feeding (type / frequency)		
Diet food		
Assistance at mealtimes		

Head office
Mariasteen vzw
Koolskampstraat 24
B-8830 Gits

Hotel Middelpunt
Tel: 059 30 70 70
Westendelaan 37
B-8430 Middelkerke

BTW BE 0407 079 207
IBAN BE36 7380 3591 5381
BIC KREDBEBB

info@middelpunt.be
www.middelpunt.be

NURSING CARE

Tick what is applicable, and clarify.

NATURE OF CARE	WHO (N = nurse)		DIRECTIONS	CLARIFICATION
TOILET CARE	**SELF**	**N**	**NO**	
Frequency:				
Help when dressing				
Help when dressing				
Movement aids				
DAUERBINDEN / ROSIDAL / TED STOCKINGS	**SELF**	**N**	**YES**	
WOUND CARE/ TRACHE-OSTOMY/ SUPRA-PUBIC CATHETER	**SELF**	**N**	**YES**	
Nature and localisation				
Care plan:				
STOMA CARE	**SELF**	**N**	**YES**	
Nature and localisation				
Care plan:				

DIABETES CARE INJECTIONS	SELF	N	YES	
Product:				
Frequency	morning: unit	midday: unit	afternoon: unit	evening: unit
Product:				
Frequency	morning: unit	midday: unit	afternoon: unit	evening: unit
Product:				
Frequency	morning: unit	midday: unit	afternoon: unit	evening: unit
GLYCAEMIA CHECK	**SELF**	**N**	**YES**	
Frequency:				

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Medication				
PREPARE MEDICATION BOX WEEKLY	SELF	N	NO	
SUPERVISED INGESTION	SELF	N	YES	
Injections				
FREQUENCY	SELF	N	YES	

BREATHING/OXYGEN	SELF	N	YES	
Type of breathing apparatus				
Tel. no. of company				
Frequency				
Oxygen: quantity in l/h				
Method of administration				
Frequency				

CATHETER FEEDING / TPN PEG	SELF	N	IF YES, THE NURSE WILL CONTACT YOU HER-SELF FOR THIS	COMPLETE OR SUPPORTIVE CATHETER FEEDING
Type of food				
Additives				
Pump: company and type				
Infusion speed				
Start of administration				
Care plan:				

COLONIC IRRIGATION/ CLEANSING	SELF	N	YES	
Frequency				
Equipment				
Care plan:				

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CATHETER/INDWELLING CATHETER	SELF	N	YES	
Frequency				
Type of catheter				

PARAMETERS	SELF	N	YES	
Blood-pressure measurement				
Other				

EQUIPMENT

Bring these with you: (please specify whether you have a manual or electric wheelchair)
To be provided by Middelpunt:

Physiotherapy (please bring health insurance fund sticker)
Directions: (number of treatments – frequency):

Please bring a copy of approved E or F pathology request

Complaint		
Duration of complaint		
Independent transfers		
Physio report (copy)		
Home physio treatment plan		
Nomenclature number		
Requested pathology		
Number of past treatments in current year		
Specific comments		

If applicable:

Last will and testament
Should an emergency situation or life-threatening situation arise and you do no wish to receive certain care, please specify this. This way, we can respect your wishes as best as possible.

This information is used exclusively as background information for your stay at Middelpunt. Our care partners therefore treat the details confidentially in order to respect your privacy.

You can email this document to info@middelpunt.be, or send to the address below within 7 days following receipt.

Should you have any queries, please contact the reception of Middelpunt on +32 (0)59 30 70 70.

Appendix care sheet Middelpunt
When the daily price (daily rate) is compromised, an extra fee will be charged. The daily price/ daily rate depends on the profile of the patient.

When do we charge a fee:
Upon cancellation of a planned care on demand of the visitor/patient, in a period <=24h before the planned care with a:

- Patient/visitor with an A or B profile: upon cancellation of the toilet care, an extra fee will be charged. This because the condition to receive a C profile daily rate entails at least two nursing cares a day.
- The base of the profile is always the profile communicated by the visitor and/or the home nurse with intake, care sheet.
- Patient / visitor refuses the requested care based on gender, origin, religion of the nurse.

When don't we charge a fee:

- Upon cancellation of a care, which is planned in a period >24h: no extra fee will be charged, but there will be a direct notification from the organisation MP to WGK.
- When the cause of the cancellation lies with WGK, for instance: the nurse could not make the scheduled time.
- Upon cancellation of the care due to urgent or exceptional circumstances (f.i. death of a family member, hospitalisation of visitor and/or assistant/caretaker), no extra fee will be charged.

Amount:
20 euros a day during the week, 25 euros a day during the weekend. Weekend: Saturday and Sunday and holidays.

The billing of the cancellation:
Middelpunt will charge the amount with the invoice at the end of the vacation. Covecare provides an overview of the cancelled cares for Middelpunt by e-mail.