|  |  |
| --- | --- |
| **Naam** | **…………………………………………………………………………………………………………………** |
| **Voornamen** | **…………………………………………………………………………………………………………………** |
| **Geboortedatum** | **…………………………………………………………………………………………………………………** |
| **Geboorteplaats** | **…………………………………………………………………………………………………………………** |
| **Adres** | **…………………………………………………………………………………………………………………** |
| **Telefoonnummer** | **…………………………………………………………………………………………………………………** |
| **Mobiel nummer** | **…………………………………………………………………………………………………………………** |
| **E-mailadres** | **…………………………………………………………………………………………………………………** |
| **BSN** | **…………………………………………………………………………………………………………………** |
| **Contactpersoon 1** | **…………………………………………………………………………………………………………………** |
| **Contactpersoon 2** | **…………………………………………………………………………………………………………………** |
| **Verzekering** | **…………………………………………………………………………………………………………………** |
| **Huisarts** | **…………………………………………………………………………………………………………………** |
| **Reanimeren**  | **ja /nee** |
| **Levenstestament** | **…………………………………………………………………………………………………………………** |
| **Allergie** | **…………………………………………………………………………………………………………………** |
| **Thuiszorg** | **…………………………………………………………………………………………………………………** |
| **Huishoudelijke hulp** | **…………………………………………………………………………………………………………………** |
| **Dagopvang**  | **…………………………………………………………………………………………………………………** |
| **Dagen / tijden** | **…………………………………………………………………………………………………………………** |
| **1e Lijn:** |  |
| **Fysiotherapie** | **…………………………………………………………………………………………………………………** |
| **Ergotherapie** | **…………………………………………………………………………………………………………………** |
| **Diëtist** | **…………………………………………………………………………………………………………………** |
| **Logopedist** | **…………………………………………………………………………………………………………………** |
| **Dementieconsulent** | **…………………………………………………………………………………………………………………** |
| **Sociaal Wijkteam** | **…………………………………………………………………………………………………………………** |
| **2e Lijn: (naam, specialisme, frequentie)** |
| **1.** | **…………………………………………………………………………………………………………………** |
| **2.** | **…………………………………………………………………………………………………………………** |
| ***Hulpmiddelen*** |
| **Gehoor(apparaat)** | **…………………………………………………………………………………………………………………** |
| **Bril** | **…………………………………………………………………………………………………………………** |
| **Kunstgebit** | **…………………………………………………………………………………………………………………** |
| **Stok / rollator** | **…………………………………………………………………………………………………………………** |
| **Pacemaker** | **…………………………………………………………………………………………………………………** |
| **Centrale alarmering** | **…………………………………………………………………………………………………………………** |