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| **Klienten Datenblatt** |

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| **Eintritt:** |  | **Austritt:** |  |
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| **Klient** | | | |
| Name |  | Geb. Datum |  |
| Vorname |  | Geschlecht |  |
| Meldeadresse |  | Zivilstand |  |
|  | Nationalität |  |
| Tel.Nr. |  | Aufenthaltsbew. |  |
| Natel |  | AHV-Nr. |  |
| E-Mail |  | IV-Nr. |  |
| Post-Bank |  | Krankenkasse |  |
| Konto-Nr. |  | KK-Nr. |  |
| Gesetzl. Vertr. |  | Haftpflichtvers. |  |
|  |  | Haftpfl. Nr. |  |

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| **Medikation** | | | | | | | |
| Medikament | Dosis | Mo | MI | AB | NA | Start | Stop |
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| **Wopla Familie** | | | |
| Name |  | Vorname |  |
| Str., Nr. |  | PLZ, Ort |  |
| Tel.Nr. |  | E-Mail |  |
| Natel (Frau) |  | Natel (Mann) |  |

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| **Zuweiser** | | **Kostenträger** | |
| Institution |  | Institution |  |
| Name |  | Name |  |
| Adresse |  | Adresse |  |
| Tel.Nr. |  | Tel.Nr. |  |
| E-Mail |  | E-Mail |  |

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| **Herkunftsfamilie** | | | |
| Name, Vorname |  | Tel.Nr. |  |
| Meldeadresse |  | Natel |  |
|  |  | E-Mail |  |
| Name, Vorname |  | Tel.Nr. |  |
| Meldeadresse |  | Natel |  |
|  |  | E-Mail |  |
| Geschwister |  | | |
| Sonstige private Bezugspersonen |  | | |
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| **Vernetzung – Arzt, Behörden, Ämter** | | | |
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