

Zorgdossier Mw. Bogers



Naam student:

Opleiding:

Klas:

Datum:

Docent:

Inhoudsopgave

[Personalia 2](#_Toc41577528)

[Overdacht formulier van thuiszorg 3](#_Toc41577529)

[Anamneselijst 4](#_Toc41577530)

[Zorgleefplan 5](#_Toc41577531)

[Verslag evaluatiegesprek n.a.v. bezoek Neuroloog 9](#_Toc41577532)

[Rapportageblad 10](#_Toc41577533)

[Medicatie aftekenlijst 11](#_Toc41577534)

[Bijzondere controle lijst 12](#_Toc41577535)

[Vochtbalans 13](#_Toc41577536)

[Wondbehandelingslijst 14](#_Toc41577537)

## Personalia

**Zorgvrager:**

Naam:

Voornamen:

Geboortedatum:

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Adres:

Postcode:

Telefoonnummer:

Burgerlijke staat:

Aantal kinderen:

Kerkelijke achtergrond:

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Geboorteplaats:

**Huisarts:**

**Zorgverzekeraar:**

­­­­­­­­­­­­­­­­­­Sofi-nummer:

Zorgverzekering:

Nr. zorgverzekering:

­­­­­­­­­­­­­­­­­Reanimatiebeleid:

Datum eerste zorg:

**Eerste Contactpersoon:**

Naam:

Eerste contactadres:

Tel. nr:

­­­­­­­­Mobiel

**Tweede contactpersoon:**

Naam:

Tweede contactadres:

Tel. nr:

­­­­­­­­Mobiel

## Overdacht formulier van thuiszorg

***Algemeen***

|  |  |
| --- | --- |
| Naam cliënt |  |
| Geboortedatum cliënt |  |
| BSN |  |
| Naam arts |  |
| Contact persoon cliënt |  |
| Verzekering |  |

***Contact gegevens betrokken zorgverleners***

|  |  |
| --- | --- |
| Naam + contactgegevens behandeld arts |  |
| Naam + contactgegevens betrokken verpleegkundige |  |
| Naam + contactgegevens betrokken andere disciplines |  |

***Medisch***

|  |  |
| --- | --- |
| Reden opname |  |
| Diagnose |  |
| Medicatie |  |
| Reanimatiebeleid |  |
| Allergieën |  |

***Zorg***

|  |  |
| --- | --- |
| Verpleegkundige zorg |  |
| Mobiliteit |  |
| ADL |  |
| Huishoudelijke zorg |  |

***Sociaal***

|  |  |
| --- | --- |
| Burgerlijke staat |  |
| Mantelzorg |  |

## Anamneselijst

**Domein 1 woon- en leefomstandigheden**

**-**

**-**

**-**

**-**

**-**

**Domein 2 participatie**

**-**

**-**

**-**

**-**

**-**

**Gezondheidsrisico’s domein 2**

**-**

**-**

**Domein 3 mentaal welzijn/ autonomie**

**-**

**-**

**-**

**-**

**-**

**Domein 4 lichamelijk welbevinden en gezondheid**

**-**

**-**

**-**

**-**

**-**

**Eventuele vragen aan familie/naasten/ contactpersonen wanneer zij bij dit gesprek aanwezig zijn**

**-**

**-**

**-**

**-**

## Zorgleefplan

|  |  |  |
| --- | --- | --- |
| **Naam cliënt:** | **Indicatiedatum:** | **Zorgleefplan vastgesteld op:** |
| **Geboortedatum:** | **Indicatie geldig tot:** | **Zorgprofiel:** |
| **Afdeling/kamer:** | **Nieuwe indicatie aanvragen voor datum:** | **uur per week:** |
| **EVV’er:** | **Datum komst cliënt:** |  |

Algemeen doel: bieden van veilige woonomgeving en plezierig leven in aansluiting op leven voor de verhuizing naar het verpleeghuis

**Zorgplan woonomgeving**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVENSDOMEIN 1**  **WOON- EN LEEF-**  **OMSTANDIG-**  **HEDEN** | **DOEL ACTIE** | | **DISCIPLINE** | **EVALUATIE**  **DATUM** |
| 1.1 bijoorbeeld:  *Woonruimte en zich thuis voelen*  (dit vul je aan op basis van je intakegesprek |  |  |  |  |
| 1.2 bijvoorbeeld  *Veiligheid* |  |  |  |  |
| 1.3 bijvoorbeeld:  *Privacy en bejegening* |  |  |  |  |

**Zorgplan participatie**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVENSDOMEIN 2**  **MENTAAL**  **WELBEVINDEN,**  **AUTONOMIE** | **DOEL** | **ACTIE** | **DISCIPLINE** | **EVALUATIE**  **DATUM** |
| 2.1 Bijvoorbeeld:  *dagbesteding* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |

**Zorgplan mentaal welbevinden**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVENSDOMEIN 3**  **MENTAAL**  **WELBEVINDEN,**  **AUTONOMIE** | **DOEL ACTIE** | | **DISCIPLINE** | **EVALUATIE**  **DATUM** |
| 3.1 Bijvoorbeeld  *Ondersteuning eigen*  *(levens)invulling* |  |  |  |  |
|  |  |  |  |  |
| 3.3 |  |  |  |  |

**Zorgplan lichamelijke zorg**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LEVENSDOMEIN 4**  **LICHAMELIJK**  **WELBEVINDEN,**  **GEZONDHEID** | **DOEL** | | **ACTIE** | | **DISCIPLINE** | **EVALUATIE**  **DATUM** |
|  |  | |  | |  |  |
|  | |  | |  |  |
|  |  | |  | |  |  |
|  | |  | |  |  |
|  |  | |  | |  |  |
|  | |  | |  |  |
| Datum + Handtekening cliënt | | Datum + Handtekening zorgvertegenwoordiger  Naam: | | Datum + Handtekening eindverantwoordelijke zorgverlening  Naam: | | |

## Verslag evaluatiegesprek n.a.v. bezoek Neuroloog

Aanwezigen:

Datum gesprek:

Verslag:

## Rapportageblad

Naam cliënt:

Datum

|  |  |  |
| --- | --- | --- |
| Tijd | Dagelijkse rapportage | Paraaf |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Medicatie aftekenlijst

Naam cliënt :

Start datum : ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stop datum : ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicatie: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosering : ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bijz.heden : ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tijd: ­\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **datum** | **8.00** | **12.00** | **18.00** | **22.00** | **Zo nodig** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Bijzondere controle lijst

Naam cliënt: Mv. Borgers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Datum** | **Tijd** | **Temperatuur** | **Tensie** | **Pols** | **Ademhaling** | **Paraaf** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Vochtbalans

Een volwassene wordt aangeraden ongeveer 1,5 liter water drinken. Ouderen vanaf 70 jaar wordt aangeraden 1,7 liter te drinken

|  |  |  |  |
| --- | --- | --- | --- |
| **Naam cliënt:**  **Datum:** | | | |
| **Tijd** | **Neergezet** | **Ingenomen** | **Paraaf** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 

## Wondbehandelingslijst

Datum:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_