

Zorgdossier Mw. Bogers



Naam student:

Opleiding:

Klas:

Datum:

Docent:

Inhoudsopgave

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## Personalia

**Zorgvrager:**

Naam:

Voornamen:

Geboortedatum:

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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

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| --- | --- | --- |
| **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* |  |  |  |  |
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**Zorgplan mentaal welbevinden**

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

**Zorgplan lichamelijke zorg**

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

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

Aanwezigen:

Datum gesprek:

Verslag:

## Rapportageblad

Naam cliënt:

Datum

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| --- | --- | --- |
| Tijd  |  Dagelijkse rapportage | Paraaf |
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## Medicatie aftekenlijst

Naam cliënt :

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

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

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

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

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

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

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| **datum** | **8.00** | **12.00** | **18.00** | **22.00** | **Zo nodig** |
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## Bijzondere controle lijst

Naam cliënt: Mv. Borgers

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

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

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| **Naam cliënt:** **Datum:** |
| **Tijd**  | **Neergezet** | **Ingenomen**  | **Paraaf** |
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## Wondbehandelingslijst

Datum:

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