



PATIENT REGISTRATION

Surname

Date of birth

Street, Nr

Zip / City

Telephone

Mobile Phone

E-Mail

Appointment

Please ask patient directly

Patient logs on himself

Make an appointment via the responsible doctor

Emergency (please call +41 44 448 30 00 - thank you)

In the next 2 weeks

Other

Registration for

ZIO Zurich

ZIO Richterswil

ZIO Glarus

ZIO Winterthur

ZIO Uster

Consultation: assessment and therapy proposal

Initiation / implementation of the therapy

Psycho-oncological consultation

Transfusions

Complementary co-treatment

Hyperthermia

Allocation reason

Main diagnosis / Suspected diagnosis

Existing findings

Further diagnostics

Can be done directly by the ZIO

After consultation with the assignor

Additional information

Comorbidities

Allergies

Other

Please send findings / reports in advance or give them to the patient.

Medical Reports

Pathology

Imaging

Current medication list

Remarks

Telephone or e-mail Brief information after the first consultation desired

Yes

No

Copies of the reports to:

If you have any questions or doubts please call us: +41 44 448 30 00

Zentrum für Integrative Onkologie

ZIO Zurich

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ZIO Zürichsee

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ZIO Winterthur

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ZIO Uster

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CH-8610 Uster

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