Zentrum für
Integrative Onkologie
Hämatologie Onkologie Palliative Care

E-Mail: info@zio.ch
Internet: www.zio.ch

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 Zürichsee ☐ ZIO Glarus ☐ ZIO Winterthur ☐ ZIO Uster ☐ ZIO Oerlikon

- ☐ 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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