

# CADRES RÉSERVÉS A L'ETABLISSEMENT



## Contrôle du Livret d'Information Patient

Rubriques complétées et/ou signées : (Rubriques soulignées obligatoires)		OUI	NON
• <u>Identification du patient</u> (verso couverture) <i>Patient Identification</i>		<input type="checkbox"/>	<input type="checkbox"/>
• <u>Autorité parentale pour patient mineur</u> (p. 2) <i>Holder(s) of parental responsibility for a patient who is a minor</i>		<input type="checkbox"/>	<input type="checkbox"/>
• <u>Consentement éclairé chirurgical</u> (p. 4) <i>Informed consent for anaesthesia surgery</i>		<input type="checkbox"/>	<input type="checkbox"/>
• <u>Consentement éclairé anesthésique</u> (p. 4) <i>Informed consent for anaesthesia</i>		<input type="checkbox"/>	<input type="checkbox"/>
• <u>Evaluation risque ATNC</u> (p. 5) <i>Evaluation of risks related to prions</i>		<input type="checkbox"/>	<input type="checkbox"/>
• Questionnaire anesthésie (p. 10 à 13) <i>Anaesthesia questionnaire</i>		<input type="checkbox"/>	<input type="checkbox"/>
• Autorisations du patient (p. 18) <i>Authorisations</i>		<input type="checkbox"/>	<input type="checkbox"/>

### Contrôle N°1 : Service Consultations

NOM : .....  
SIGNATURE :

### Contrôle N°2 : Secrétaire Pré-admission

NOM : .....  
SIGNATURE :

### Contrôle N°1 : Service Planification

NOM : .....  
SIGNATURE :

### Contrôle N°3 : IDE du Service de Soins

NOM : .....  
SIGNATURE :

## Patient Information Booklet

Before a surgical procedure and/or a procedure under anaesthesia

PART OF YOUR MEDICAL RECORD

### ATTENTION !

This booklet must be completed and presented together with the following documents :

- Valid proof of identification, such as your passport
- Your UP-TO-DATE national health insurance card (e.g. *Carte vitale* or equivalent)
- Your complementary health insurance card or coverage agreement if you have complementary health insurance
- Your current prescriptions and medicines if you are taking medication
- The results of any additional medical tests (e.g. laboratory tests, X-rays, scans, electrocardiogram, etc.)
- Your blood group card, if you have one.

In addition to the above documents, if the PATIENT is a MINOR, the following documents must also be presented :

- Valid proof of identification, such as a passport, for the holder(s) of parental responsibility
- Your family register (*livret de famille*)
- The patient's child health record and vaccination card.

This booklet will be inserted into your patient file.

If your pre-anaesthesia consultation has not yet been arranged  
by your doctor or his or her secretary,  
please call this number as soon as possible : 04 91 18 65 33

### PRE-ANAESTHESIA CONSULTATION

Please present yourself at the main reception desk before your appointment.

On .....(date) at.....(time)

Hôpital Privé Marseille - Vert Coteau  
96 Avenue des Caillols - 13012 MARSEILLE  
Tél : 04 91 18 68 68 - Fax : 04 91 18 65 27  
hpm-vert-coteau.fr

# Patient Identification

Article L162-21 of the French Social Security Code (*Code de la Sécurité Sociale*):  
 (...) In these health care facilities, for the provision of medical care, an insured person may be asked to confirm his or her identity to the administrative services by presenting an identity document with his or her photograph on it."

The V2010 accreditation handbook (*manuel de certification*) from the French National Authority for Health (HAS), criterion 15a: "Before any therapeutic or diagnostic procedure is carried out, health care professionals must verify that the identity of the person undergoing the procedure matches the identity indicated on the prescription".

**Identovigilance** is an initiative that seeks to monitor and manage risks and errors related to the identification of patients during the administrative processing of their files and throughout their course of treatment in the health care facility.

In accordance with Instruction no. DGOS/MSIOS/2013/281 of 7 June 2013 on the use of family names (or surnames at birth) to identify patients in the information systems of health care facilities, **we shall identify you** during your hospitalisation **using your surname at birth**.

When you are admitted to the ward, you will be given an **identification bracelet**. Please make sure you wear it during your whole stay in the hospital.



Surname at birth .....

Married name .....

First name .....

Date of birth .....

Occupation .....

Address .....

.....

Postcode ..... City/town .....

Telephone ..... Mobile phone .....

Email address .....

Date prévue d'intervention : .....

Date et heure prévues d'hospitalisation : .....

For administrative use

Etiquette Patient



## Les Établissements Sainte Marguerite

Clinique du Golfe de Saint-Tropez

  
 Pôle de Santé du Golfe  
 RD 559 - RP Général D. Brosset 83580 GASSIN  
 Tél : 04 98 12 70 00 Fax : 04 98 12 70 04  
 clinique-golfe-saint-tropez.fr



Sainte Marguerite

  
 Avenue Alexis Godillot 83400 HYERES  
 Tél : 04 94 12 85 85 Fax : 04 94 12 55 67  
 hpth-sainte-marguerite.fr



Saint Jean

  
 Avenue Georges Bizet 83000 TOULON  
 Tél : 04 94 16 30 30 Fax : 04 94 16 30 58  
 hpth-saint-jean.fr



Saint Roch

  
 99 avenue Saint-Roch 83000 TOULON  
 Tél : 04 94 18 89 00 Fax : 04 94 18 89 23  
 hpth-saint-roch.fr



Clinique de La Ciotat

  
 Boulevard Lamartine 13600 LA CIOTAT  
 Tél : 0 826 20 75 80 Fax : 04 42 08 73 44  
 www.clinique-de-la-ciotat.fr



Vert Coteau

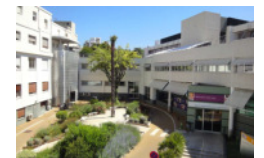
  
 96, Avenue des Caillols 13012 MARSEILLE  
 Tél : 04 91 18 68 68 Fax : 04 91 18 65 27  
 hpm-vert-coteau.fr



Hôpital Privé Marseille

Beauregard

  
 23, Rue des Linots - 13012 MARSEILLE  
 Tél : 0 825 74 34 34 Fax : 04 91 12 10 15  
 hpm-beauregard.fr



Soins Assistance

  
 Le Plein Ouest Bât C - 1, Rue Albert Cohen  
 13016 MARSEILLE  
 Tél : 04 96 20 66 66  
 www.soins-assistance.org



Centre de La Seyne

Avenue Jules Renard  
 83500 La Seyne sur Mer  
 Tél. : 04 98 00 25 36 Fax : 04 98 00 25 35  
 www.association-dialyse-varoise.fr



Centre de Toulon

Hôpital Privé Toulon Hyères - Saint Jean  
 1 avenue Georges Bizet  
 83000 TOULON  
 Tél : 04 94 16 67 67 Fax : 04 94 16 67 68  
 www.association-dialyse-varoise.fr



Centre de Gassin

Espace Santé Gassin  
 Quartier Saint-Martin - D559  
 83580 GASSIN  
 Tél. : 04 94 43 39 03 Fax : 04 94 43 39 05  
 www.association-dialyse-varoise.fr

