

# Zentrum für Neurologie und Neuropsychiatrie (ZNN) LVR-Klinikum Düsseldorf



Dear Patient!

The **Department of Neurology** in the Centre of Neurology and Neuropsychiatry (ZNN) is dedicated to the treatment of hospitalized patients who suffer from diseases of the central and peripheral nervous system. The unit is equipped with all state-of-the-art devices for neurophysiological investigation and with facilities for the treatment of acute stroke.

We are determined to establish the cause of the disease in our patients fast and to offer them treatment of the highest standard. We aim at making the stay of the patients on our ward as convenient as possible. Therefore, we are offering the following information in advance before arrival in our hospital.

<b>Head Physician:</b>	Prof. Dr. Rüdiger Seitz
<b>Matron Nurse:</b>	Elke Haas
<b>Secretariat Office:</b>	Astrid Holly, Angelika Rossmann Telephone: 0211 - 922 - 4601
<b>Ward Service Office:</b>	Telephone: 0211 - 922 - 4610

## Daily Routine

<b>7:00 a.m.</b>	Wake up and body hygiene
<b>8:00 a.m. – 5:00 p.m.</b>	Blood taking, investigations, treatment sessions
<b>8:15 – 9:15 a.m.</b>	Breakfast
<b>10:00 a.m.</b>	Ward Round 
<b>Noon – 1:15 p.m.</b>	Lunch
<b>2:30 p.m.</b>	Tee time (cake available on Wednesday and Saturday)
<b>3:00 p.m.</b>	Conversations with patients and relatives 
<b>5:30 – 6:30 p.m.</b>	Supper
<b>7:30 p.m.</b>	Preparation for the night
<b>After 9:30 p.m.</b>	Night rest

### Visiting Hours:

10:00 – 12:00 a.m. and 3:00 – 7:00 p.m.

### **Admission to the Department of Neurology:**

You can provide your name and reason for hospitalization to the secretaries, Ms. Holly or Ms. Rossmann by telephone (0211-922-4601) or by fax (0211-922-4603) using one of the forms of your mother tongue below. On Thursday you can expect to be called by the secretaries and to receive the date for admission in the following week. Although we attempt to stick to these dates, it can happen that the admission may be delayed because there are no vacancies. In such an event you will be called again as early as possible, at latest in the afternoon before the scheduled admission, and be informed when your admission can take place.



### **What you should bring with you:**

- 1) Red form „Verordnung von Krankenhausbehandlung“ issued by a neurologist.
- 2) Personal card of your health insurance (Krankenversicherungskarte).
- 3) Clothing, leisure suit, underwear, dressing gown, sneakers or shoes, items for personal hygiene (razor, comb, tooth brush, shampoo, deodorant).
- 4) In case you are on medication, bring your tablets for two days with you.
- 5) Medical reports of previous consultations including CDs with MR images.

You will not need large money, objects of value, or jewelry in this hospital. Therefore, leave these items at home. We do not provide safes and are not liable for losses.

### **Check-in and check-out:**

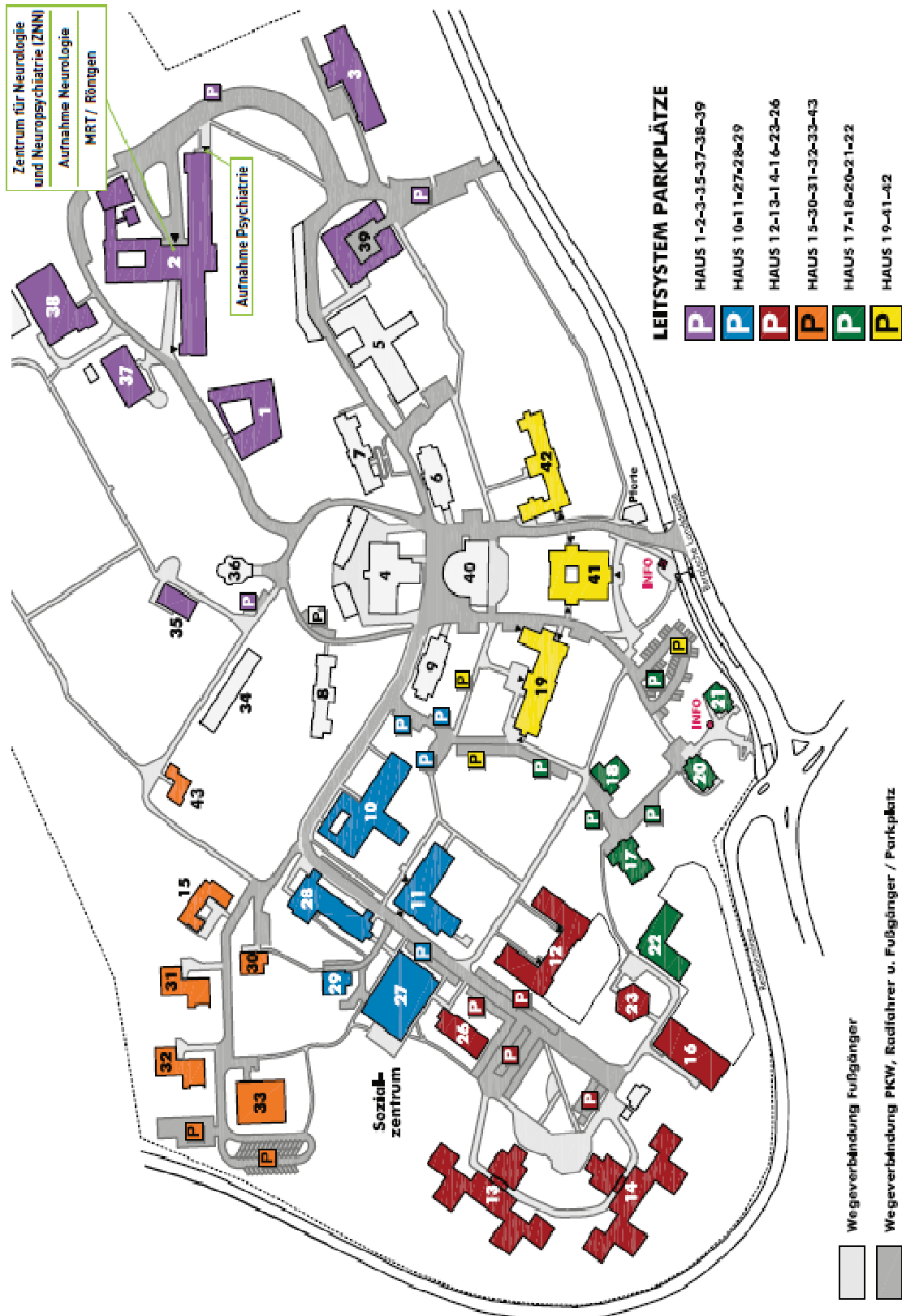
Please, show up at the scheduled time and present at the central service office on the ward. There, the formal aspects of admission will be taken care of.

Please, report at the central service office of the ward on the day of your discharge; there you will receive your discharge papers including the preliminary medical report.

Please, clear your room until 10:00 a.m. and have previous medical reports and MR or CT images returned to you.

Please, note that transportation back home will be arranged for you on demand but is not covered by the hospital or the health insurances according to SGB V.

The Department of Neurology is located in House 2, 2<sup>nd</sup> floor (Wards 2e, 2c).



## ZNN: Form for Scheduling Hospitalization

**Please, fax the filled form to the Secretariat Office: 0211-922-4603  
or send it via e-mail to: Neurologie-Duesseldorf@lvr.de**

Date of Admission (to be filled by the hospital):
Female <input type="checkbox"/> Male <input type="checkbox"/>
Name and Date of Birth:
Telephone: Mobile Phone:
Name of Health Insurance:
Name of Referring Physician:
Approved Care (Pflegestufe): yes <input type="checkbox"/> no <input type="checkbox"/>
Legal Services: yes <input type="checkbox"/> no <input type="checkbox"/>
Name of Care Giver:
Anticoagulation:
Previous Admissions to a Neurological Department:
Main Complaints / Diagnosis of Referring Physician:
Investigations on the Day of Admission (to be filled by the hospital): <input type="checkbox"/> Laboratory <input type="checkbox"/> EEG <input type="checkbox"/> VEP <input type="checkbox"/> Neurography

## ZNN: Formülar hastaneye yatirma

**Faks lütfen müdüriyet: 0211 / 922-4603**  
**Veya E-posta: Neurologie-Duesseldorf@lvr.de**

Kabul Günü (hastane doldurur): (Aufnahmetag)		
Bayan <input type="checkbox"/>	Bay <input type="checkbox"/>	
(weiblich)	(männlich)	
Adi, Soyadi, Dogum Tarihi: (Vorname, Nachname, Geburtsdatum)		
Ev Telefonu (Festnetz): Cep Telefonu (Mobilnr.):		
Sağlık Sigortasi: (Krankenkasse)		
Aile Doktoru: (Einweisender Arzt)		
Bakim Seviyesi: (Pflegestufe)	evet <input type="checkbox"/> (ja)	hayir <input type="checkbox"/> (nein)
yasal bakım: (gesetzl. Betreuung)	evet <input type="checkbox"/> (ja)	hayir <input type="checkbox"/> (nein)
Bakicinin Adi: (Name des Betreuers)		
Kan inceltici: (Blutverdünnung)		
Son hastaneye yatirma: (Letzter Krankenhausaufenthalt)		
Geçerli şikayet / Hekime teşhisi: (Hauptbeschwerden / Diagnose)		
Araştırmalar (hastane doldurur): <input type="checkbox"/> Labor <input type="checkbox"/> EEG <input type="checkbox"/> VEP <input type="checkbox"/> Neurographie		

**Proszę, faksem wypełniony formularz do Biura Sekretariatu: 0211-922-4603  
lub przesłać pocztą elektroniczną na adres: Neurologie-Duesseldorf@lvr.de**

Data przyjęcia (ma być wypełnione przez szpital): (Aufnahmetag)		
żeński <input type="checkbox"/> (weiblich)	męski <input type="checkbox"/> (männlich)	
Nazwisko i data urodzenia: (Vorname, Nachname, Geburtsdatum)		
Telefon (Festnetz): Telefon komórkowy (Mobilnr.):		
Ubezpieczenie zdrowotne: (Krankenkasse)		
Nazwisko lekarza kierującego: (Einweisender Arzt)		
Grupa pielęgnacyjna: (Pflegestufe)	tak <input type="checkbox"/> (ja)	nie <input type="checkbox"/> (nein)
Opieka prawna: (gesetzl. Betreuung)	tak <input type="checkbox"/> (ja)	nie <input type="checkbox"/> (nein)
Nazwisko opieki prawnej: (Name des Betreuers)		
Antykoagulacja: (Blutverdünnung)		
Poprzednia szpitalnych pozostaje w neurologii: (Letzter Krankenhausaufenthalt)		
Aktualne główne dolegliwości / diagnoza: (Hauptbeschwerden / Diagnose)		
Badanie (ma być wypełnione przez szpital): <input type="checkbox"/> Labor <input type="checkbox"/> EEG <input type="checkbox"/> VEP <input type="checkbox"/> Neurographie		

## Неврологическо-психиатрический центр: формуляр для планового поступления

**пожайлуста пришлите заполненный формуляр в секретариат по факсу: 0211-922-4603, или по электронной почте: Neurologie-Duesseldorf@lvr.de**

дата поступления (будет заполнено больничным персоналом): (Aufnahmetag)			
пол	женский <input type="checkbox"/>	мужской <input type="checkbox"/>	
	(weiblich)	(männlich)	
Данные, Имя и дата рождения: (Vorname, Nachname, Geburtsdatum)			
Номер телефона (Festnetz): Номер сотового телефона (Mobilnr.):			
Название больничной кассы: (Krankenkasse)			
Имя направляющего врача: (Einweisender Arzt)			
Степень инвалидности: (Pfleigestufe)	да <input type="checkbox"/>	нет <input type="checkbox"/>	
	(ja)	(nein)	
Наличие легального опекуна: (gesetzl. Betreuung)	да <input type="checkbox"/>	нет <input type="checkbox"/>	
	(ja)	(nein)	
Данные легального опекуна: (Name des Betreuers)			
Медикаменты разжижающие кровь: (Blutverdünnung)			
Неврологическое стационарное лечение в прошлом: (Letzter Krankenhausaufenthalt)			
Актуальные жалобы / диагноз направляющего врача: (Hauptbeschwerden / Diagnose)			
Обследования (будет заполнено больничным персоналом):			
<input type="checkbox"/>	Labor	<input type="checkbox"/>	EEG
<input type="checkbox"/>	VEP	<input type="checkbox"/>	Neurographie