Helios

Patient's last name, first name[1] 1Patient's date of birth

Patient's address Case number

Last name, first name and address of parent/guardian/legal representative in case of minors or other legally represented patients

Information about the COVID-19 pandemic/consent:

Patients are admitted in case of medical indications for inpatient treatment. Equivalent outpatient measures are not available.

According to the rules of the Robert Koch Institute, medical personnel included in one of the categories of contact persons defined by the Robert Koch Institute can also be deployed.

Even when all hygiene rules are followed, it is not possible to exclude the possibility, notwithstanding all precautionary measures, of a patient coming into contact with patients infected with SARS-CoV-2 or personnel or patients with an unidentified SARS-CoV-2 infection while staying at the clinic.

This is in particular also due to the fact that the course of the COVID-19 disease varies considerably. An infection does not necessarily cause signs of illness and may therefore remain undetected.

As in other public spaces (such as a supermarket), the risk of contracting a SARS-CoV-2 infection also exists in the clinic.

A SARS-CoV-2 infection can have extensive effects on health. The course of the disease may include pneumonia and even respiratory failure and death. Especially for patients with pre-existing conditions and older patients, the risk of such a course of the disease is higher.

Information has been provided about terms such as "droplet infection", "incubation period" and "risk group".

Please note that we also test patients and personnel randomly for an existing or past SARS-CoV-2 infection, regardless of symptoms, as a precautionary measure to reduce possible risks for patients and personnel.

[1] 1 The use of the male form of the word includes both male and female members of this group.

Hygiene rules

Please observe the following hygiene rules to reduce the risk of infection:

- Follow the hospital's rules and recommendations.
- Maintain a distance of at least 2 m from other people.
- Wear the face mask outside your room.
- Maintain good hand hygiene and follow the rules for coughing and sneezing.
- Avoid shaking hands.
- Avoid touching your face so that possible pathogens do not enter through the mucous membranes of the eyes, nose and mouth.

Reporting signs of illness

To ensure the best possible treatment, report any signs of illness that could indicate a SARS-CoV-2 infection immediately. These include the following in particular:

- Cough, fever, shortness of breath, muscle and joint pain, sore throat, headache, diarrhoea, altered sense of smell.

COVID-19 medical history form

The medical history form was filled out and discussed with the patient.

Consent

I have read and understood the information. I had the opportunity to ask any questions I wanted during the conversation. They were answered fully and comprehensibly.
I have been adequately informed, considered my decision carefully and do not need additional time to reflect. I agree to be admitted.

Place, date	Patient (Parent/guardian/legal representative)	Person providing the information

Rejection

I do not agree to be admitted. I have been told emphatically that, depending on the illness, healing may be considerably impaired or even become impossible without treatment.

Place/date	Patient (Parent/guardian/legal representative)	Doctor