CADRES RÉSERVÉS A L'ETABLISSEMENT

Contrôle du Livret d'Information Patient

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

Contrôle N°1 : Secrétaires Accueil

NOM : .....
SIGNATURE :

Contrôle N°2 : Secrétaire Anesthésistes

NOM : .....
SIGNATURE :

Contrôle N°3 : IDE du Service de Soins

NOM : .....
SIGNATURE :

* A contrôler également par le Bloc Opératoire

HÔPITAL PRIVÉ TOULON HYÈRES Sainte Marguerite

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, electrocardio-gram, 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 94 12 55 75**

PRE-ANAESTHESIA CONSULTATION

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

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

Hôpital Privé Toulon Hyères - Sainte Marguerite
Avenue Alexis Godillot 83400 HYERES
Tél : 04 94 12 85 85 - Fax : 04 94 12 55 67
hpth-sainte-marguerite.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**".

Identitovigilance" 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

Hôpital Privé Toulon Hyères

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 : 04 42 71 14 71 Fax : 04 42 08 73 44
www.clinique-de-la-ciotat.fr

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

Beauregard

23, Rue des Linots - 13012 MARSEILLE
Tél : 04 91 12 34 56 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

Association de Dialyse Varoise A.DI.VA

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
Tel : 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