

Dear Sir/Madam,



You will soon be admitted to our hospital. Our practitioners, all our staff and our management would like to thank you for your trust.

You will need to read and **complete the various documents that make up this passport**; they will provide you with all the information you need to know and are also essential for your admission to our hospital.

We hope that this dossier will help to build your trust in the quality and safety of the care you will be receiving. The nursing team will provide you with your treatment pathway as soon as you enter the clinic, and it is very important that you take part in its development.

Please come to your pre-anaesthesia consultation or inscription appointment with:

1. This **completed and signed passport**.
2. Your administrative documents:
 - Identity document** (national identity card or passport or residence permit)
 - Health insurance card**
 - Mutual insurance** card or a universal health cover certificate
 - A **means of payment** (cheque book, cash, bank card)
3. **Your most recent test results** requested by the anaesthetist: blood tests, X-ray, ultrasound, MRI exam, CT scan, cardiac work-up.

Please note that all the preoperative tests requested must be carried out **BEFORE** the day of your hospitalisation.

4. Your **prescriptions** for your current treatments.

To reserve your place, a deposit check of **300 €** payable to Clinique Sainte Thérèse is required at the time of registration.

ADMINISTRATIVE INFORMATION

(ETIQUETTE PATIENT)

Réservé à la Clinique

Pre-admission to the hospital

Appointment with the anaesthetist

Day of the operation: admissions office, after which you will be taken into the care of the nursing and medical teams



SURNAME A BIRTH :

CUSTOMARY SURNAME:

FIRST & MIDDLE NAMES :

DATE OF BIRTH:

ADRESS :

PHONE NUMBER :

We will need to check your identity, so please **bring your ID card**; without it, we may cancel your operation..



In order to limit the risks associated with your identification during your stay, we would like to **scan/photocopy your identity document** in our patient record software; it will be accessible to all the professionals involved in your care and will be kept for 20 years.

Je suis d'accord

Je refuse

To enable us to continuously improve the care we provide, do you authorise the hospital to carry out a satisfaction survey via Merci Docteur and the French health authority (HAS) as part of the national E-Satis programme?

Je suis d'accord

Je refuse

Email address:

Doctor : Dr.....

Surgery date :

Name of your general practitioner: Dr.....

Adress of your general practitioner:

Can we send your hospitalization report to your general practitioner ? Yes No

As part of your treatment pathway, we collect your personal data so that we can coordinate your medical and nursing care and administrative management with the various healthcare professionals involved, in compliance with the French Public Health and Social Security Codes. To exercise your rights in relation to the protection of your personal data, please write to dpo.groupe@almaviva-sante.com

HOSPITALITY CHOICES



Clinique Sainte Thérèse | Ambulatoire
 9 rue Gustave Doré, 75017 PARIS | Tél : 01 44 01 00 50



Name :

Surname :

Date of Birth :

	PACKAGE 	ROOM 
Accommodation		
Private bedroom subject to availability		✓
Equipements		
Wifi	✓	✓
Catering		
Gourmet snack	✓	✓
Services et accessories		
Comfort kit (cosmetic products)	✓	✓
Guest welcome in the room		✓
Your choice	<input type="checkbox"/> 65€	<input type="checkbox"/> 95€

Rates including tax applicable as of February 12, 2024.
 If there is no room available, the patient will benefit, unless otherwise advised, from the package.
 Catering services are adapted to medical constraints.

* Gourmet snack: hot drink + 50cl bottle of water + fruit juice + muffin + dairy (natural yogurt)

By signing this document, I declare that I am informed:

- the price of services for special requirements above and expressly requests to benefit from the chosen service;
- - that the prices of these services will be the responsibility of the patient directly or that of their mutual insurance company if applicable;
- - that in the absence of choice, no comfort services will be offered and standard meals will be served.

Person signing : Patient ; Other (specify name and relation to patient)

Made in PARIS, on the

Signature

PRICES INCLUDING VAT IN EFFECT AS OF 02/12/2024

Clinique Sainte Thérèse

9 rue Gustave Doré, 75017 PARIS | Tél : 01 44 01 00 50



MANDATORY FEES LINKED TO YOUR STAY

In accordance with current regulations, certain fees will be requested from you. They are not reimbursed by Health Insurance but may possibly be covered by your mutual or complementary health insurance. Ask her about it. Exemptions exist in particular for beneficiaries of Supplementary Solidarity Health or State medical aid. Find the complete list of exemptions on the ameli.fr website.

Hospital package: €20 per day (including the day of discharge)

The hospital package represents your financial contribution to the accommodation and maintenance costs incurred by your hospitalization. It is due for each day of hospitalization, including the day of discharge. It does not concern ambulatory stay. The amount of the hospital package is set by ministerial decree.

Flat rate contribution: €24 per stay

Preserving Social Security is everyone's business and you contribute, in principle, to each of your health expenses. This part which remains your responsibility is called "flat rate contribution" or "moderatory ticket".

The fixed contribution of €24 applies to procedures whose price is greater than or equal to 120 euros. For any act less than €120, you may be asked for a co-payment.

No costs other than those corresponding to care services provided or, where applicable, to special requirements that you have requested may be invoiced to you. The amount of these special requirements, the list of which is strictly defined by the regulations and includes in particular access to a particular room, must be communicated to you before the care is provided.

INFORMED CONSENT

For all hospital stays in Medicine,
Surgery & Obstetrics

(ETIQUETTE PATIENT)
Réservé à la Clinique

The purpose of this document is to obtain your consent to the medical diagnostic or therapeutic procedures that concern you. Under no circumstances does it constitute a release of liability for the doctor or the hospital.

Radiography and X-rays: As part of your treatment, you may be exposed to ionising radiation. With patient irradiation, the risk of deterministic effects such as redness depends solely on the dose received by the patient and the duration of exposure to radiation. Given the low doses used and the precautions taken to limit the area examined to a strict minimum, these complications are exceptional.

For pregnant women, precautions must always be taken, so it's important to let us know if you might be pregnant.

I, the undersigned, **Mr/Mrs/Ms.....**,
hereby acknowledge that during my consultations, medical professionals have provided me, in a simple, fair and intelligible manner, all prior information concerning:



- ✓ The possible **risk of infection** associated with hospitalisation.
- ✓ The type of hospitalisation (**full-time or outpatient**).
- If concerned by a surgical, obstetrical or anaesthetic procedure:*
- ✓ The **benefits and risks** of any surgical, endoscopic or interventional procedure and the specific risks associated with my procedure;
- ✓ The benefits and risks of the different types of anaesthesia.

I have also been informed that during the course of my treatment, practitioners may make a discovery or come across an unforeseen event requiring additional or different procedures from those initially planned.

I have had the opportunity to ask questions, and the doctors involved have provided full and satisfactory answers. I have fully understood the answers I have been given and I have had sufficient time to reflect on my decision.



I authorise the medical and paramedical team to carry out any diagnostic or therapeutic procedures they deem necessary.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorise the doctors to order blood tests .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>if applicable</i> I agree to be hospitalised on an outpatient basis and to be accompanied home on the same day	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Signed on _____

In (town/city) _____

Signature _____



INFORMATION ON ANAESTHESIA

This document is intended to inform you about anaesthesia and the associated benefits and risks.

Please read it carefully so that you can give your consent to the anaesthetic procedure proposed by the anaesthetist.

You can also ask this doctor questions about the procedure. Questions relating to the procedure for which the anaesthesia is required should be answered by the specialist who will be performing that procedure.

What is anaesthesia?

Anaesthesia refers to a set of techniques used to eliminate or reduce pain during surgical, obstetrical or medical procedures (endoscopy, radiology, etc.).

There are two main types of anaesthesia: general anaesthesia and locoregional anaesthesia.

- **General anaesthesia** is a sleep-like state induced by injecting drugs intravenously and/or by breathing in anaesthetic vapours using an appropriate device.
- **Locoregional anaesthesia** uses different techniques to only put to sleep the part of your body that will be operated on. The idea is to block the nerves in this area by injecting a local anaesthetic close to them. General anaesthesia may be used in addition or may become necessary, particularly if the locoregional anaesthesia is inadequate.
- **Spinal anaesthesia and epidural anaesthesia are two particular forms of locoregional anaesthesia**, where the anaesthetic product is injected close to the spinal cord and the nerves that emerge from it.

Any anaesthesia, whether general or locoregional, carried out for a **non-urgent procedure requires a consultation several days in advance**, and you will see the anaesthetist again before your operation.

As with the anaesthesia itself, all consultations are carried out by an anaesthetist. **During your consultation and visit, you will be invited to ask any questions you feel are useful.** The type of anaesthesia chosen will depend on the planned procedure, your state of health, and the results of any additional tests prescribed.

The final choice will be the decision and responsibility of the anaesthetist performing the anaesthesia.

How will you be monitored during the anaesthesia and when you wake up?

Anaesthesia, whatever the type, takes place in a **room containing suitable equipment** that is appropriate for your situation and checked before each use. Everything that comes into contact with your body is **either single-use, disinfected or sterilised.**

Following the operation, you will be taken to a **post-operative monitoring room** (recovery room) for continuous monitoring before returning to your room. During anaesthesia and your stay in the post-operative monitoring room, you will be cared for by **specialist, qualified nursing staff, under the responsibility of an anaesthetist.**

What are the risks associated with anaesthesia?

In the vast majority of cases, anaesthesia is performed without any particular problems; however, even when it is carried out competently and in accordance with the latest scientific knowledge, anaesthesia involves a share of risk. **The current conditions for monitoring anaesthesia and the recovery period mean that any abnormalities can be rapidly detected and treated.**

Serious complications of anaesthesia (cardiac, respiratory, neurological, allergic or infectious) have become very rare.

Apart from serious complications, anaesthesia and surgery are sometimes followed by **unpleasant events**. These risks and disadvantages are not systematic. They also depend on your own sensitivity, your state of health, and the duration and type of anaesthesia.

What are the specific disadvantages and risks associated with general anaesthesia?

All the **symptoms mentioned are usually temporary and if they persist, you should report them** as soon as possible:

- To be on the safe side, you will be asked to **stop eating, drinking and smoking before the anaesthesia**. Not eating or drinking avoids the serious risk of vomit entering the lungs. These instructions must therefore be followed.
- **Nausea and vomiting** may occur on waking.
- **Painful reddening of the vein** into which the products were injected may be observed.
- Inserting a tube into the trachea (intubation) or throat (laryngeal mask) to ensure breathing during anaesthesia may cause a **sore throat** or hoarseness on waking.
- Dental trauma may also occur. That's why it's important to **report any prosthesis** or any particular **dental** fragility.
- Being on the operating table for a long period of time can lead to compression, particularly of certain nerves, which may cause **numbness** or, exceptionally, temporary paralysis of an arm or leg.
- After general anaesthesia, memories of the operation may remain. You may experience

memory problems or impaired concentration in the hours following the anaesthesia.

Unforeseeable life-threatening complications such as severe allergy, cardiac arrest and asphyxia are extremely rare.

What are the disadvantages and risks associated with locoregional anaesthesia?

Any locoregional anaesthesia may be **incomplete and require additional** anaesthetic, or even general anaesthesia. This warrants the same **fasting instructions as for general anaesthesia**.

Respiratory complications may occur during certain cases of upper limb or thoracic anaesthesia. **All locoregional anaesthetic techniques can give rise to rare but serious complications:** varying extents of temporary or permanent paralysis and/or numbness, stroke, seizures, or damage to a nearby organ. As with general anaesthesia, nausea, vomiting, itching, temporary memory problems or impaired concentration may occur in the hours following anaesthesia.

Anaesthesia of the eye can cause specific side effects, such as diplopia (double vision) or, more rarely, an eye sore. This may lead to temporary or permanent after-effects, such as blurry vision or loss of vision.

The rare but serious complications associated with general anaesthesia and locoregional anaesthesia are not the same, but according to current scientific knowledge, neither technique appears to be statistically riskier than the other.

Each of these techniques has specific advantages and disadvantages. Only your anaesthetist can tell you about the options available to you, based on your individual situation, which is always unique.

MUTUEL CONSENT

FOR ANAESTHESIA

(ETIQUETTE PATIENT)

Réservé à la Clinique

I, the undersigned, **Mr/Mrs/Ms**



During the anaesthesia consultation on/..... /..... with Dr:

- I feel I was sufficiently informed of the benefits and risks associated with anaesthesia.
- I was able to ask all the questions I felt were useful and I fully understood the answers I received.
- I agree to any changes in methods that may be necessary during the operation.
- I feel I was sufficiently informed about transfusion risks.

I agree to the transfusion of blood or blood derivatives as deemed essential by the anaesthetist.	Oui <input type="checkbox"/>	Non <input type="checkbox"/>
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Signed in (town/city) On (date)



Signature preceded by the words “read and approved”:

INFORMATION ON TRANSFUSIONS DURING HOSPITALISATION

What is the purpose of a blood transfusion?

A transfusion is a treatment that may be necessary if there is a shortage of red blood cells, platelets, clotting factors or white blood cells.



Red blood cells:

- They transport oxygen to tissue.
- Red blood cell transfusions are particularly necessary in cases of severe anaemia.

Plasma:

- It enables blood to clot.
- Plasma transfusions are necessary to prevent or help stop bleeding.

Platelets:

- They are essential for the formation of a clot.
- Platelet transfusions are necessary to prevent or help stop bleeding.

White blood cells:

- They help defend against infection.
- White blood cells need to be transfused when they are practically absent from the blood.

Consent

If your state of health requires a blood transfusion, you need to be informed of the benefits and risks associated with transfusion, and also of the tests to be carried out before and after the procedure. The doctor who prescribes the transfusion will provide you with this information.



If you require a blood transfusion during your stay, **we will provide you with an information document and a consent form** concerning the transfusion of blood or blood derivatives deemed essential by the doctor.

Special cases

During surgery, the decision to transfuse may be taken while you are under anaesthesia.

If you do not wish to receive a transfusion, remember to indicate this in your **advance directives** (patient's rights) and inform your nursing team.



Transfusion risks

Reactions may occur during and after transfusion. *Examples: rash, chills, fever with no infectious cause.*

Other risks are linked to blood groups and are therefore limited by our barrier measures:

- Your **identity will be verified** throughout your treatment,
- Your **blood group will be checked** on admission and before any transfusion,
- We carry out various **serological blood tests** before any scheduled transfusion.



INFORMATION ON THE USE OF MEDICATION DURING HOSPITALISATION

Any medicine can cause adverse effects:



- When its concentration in your body is too high
- When you react abnormally in its presence
- If it is used incorrectly



That's why it's important to follow the instructions of your doctor and nursing team, and not to change your treatment yourself or take another medicine without asking them for advice.

The use of medicines other than those supplied by the hospital is prohibited, in particular to avoid any risk of overdosing.

The most frequently observed signs of adverse effects are as follows:



- Drowsiness
- Unusual fatigue
- Dizziness or even a fall
- Digestive problems (nausea, vomiting)
- Cramps or unusual muscle pain
- Bleeding.

On your arrival, the nursing staff will put your personal medication in a safe place in accordance with the hospital's protocol. It will be returned to you when you are discharged, along with your new prescription.

To reduce the risk of adverse effects:



- You should bring your GP and specialist prescriptions with you!
- You should inform the doctor and nursing team of all the prescription and over-the-counter medicines you usually or occasionally take (eye drops, ointments, food supplements, etc.)
- You should not take any medicines without medical advice, even if they are sold over the counter, without a prescription



You should scrupulously follow the instructions given by the doctor or nursing team (prescribed quantities, times of use, etc.)



You should inform the doctor or nursing team of any change in your state of health or if you experience anything unusual.

You can ask the doctor or nursing team for advice or for any information about your treatment



The highest-risk medicines are as follows:

- Oral anticoagulants
- Diabetes medicines
- Medicines for heart and vascular conditions
- All anti-inflammatory drugs, even those used for pain relief
- Tranquillisers and sleeping pills

DESIGNATING A PERSON TO NOTIFY & A TRUSTED PERSON

(ETIQUETTE PATIENT)

Réservé à la Clinique

Person to notify: All patients **must** designate one or more persons to notify during their treatment.

Roles and responsibilities:

The person to notify will be contacted by the medical and nursing team if any particular organisational or administrative **events** occur during your stay. *Examples: Transfer to another health facility, discharge from the hospital, etc.*

SURNAME:

FIRST NAME:

TELEPHONE NUMBER:

RELATIONSHIP WITH THE PATIENT:

Trusted person: All patients **may** designate a trusted person during their treatment.

What is their role?

Accompanying you and attending medical appointments; helping you with decision-making; acting as a liaison between you and the nursing staff.

They will be consulted if you are unable to express your wishes or receive information.

Who are they?



- A close friend
- A relative
- Your GP

When should they be

At any time in your Digital Health Space or **with your nursing team**

No time limit.

Revocable at any time.

I would like to appoint a trusted person: YES NO

I, the undersigned:

Customary name, surname at birth, first & middle names:

Date and place of birth:

Designate the following trusted person

Customary name, surname at birth, first & middle names:

Address:

Private telephone:

professional:

mobile:

Email:

Relationship with the patient:

I have informed them of my advance directives:

Yes

No

They have a copy of my advance directives: Yes

No

Signed on (date)

In (town/city)

Signature of the patient:

Signature of the trusted person:



WHAT ARE ADVANCE DIRECTIVES?

They are a way for you to express your wishes in writing about the medical decisions to be taken if one day you find yourself in a situation where you can no longer express yourself. They will enable the doctor to find out your wishes regarding medical treatments and procedures.

1. How does it work?



Are they mandatory?

No, anyone over 18 **can** write advance directives.



When should I write them?

Whenever you like. They can be modified or cancelled at any time and are not time-limited.



Where and how should I write them?

You can write them using the forms provided by our hospital or on plain paper.

2. Who should you talk to about your advance directives?



Who should I ask for advice?



Your doctor
Trusted person, close friend, family member
Patient associations
Any other person with whom you wish to discuss the matter and who can help you think about it



Don't forget to tell someone about your advance directives

Who should I inform?

Doctor
Trusted person
Close friends, family members

3. And then, where should you keep them?

Here's what we



1 copy for you



1 copy in your medical file



1 copy for your trusted person/a family member/a close friend

Validity of advance directives:

The document must be:

- Written
- Dated
- Signed



I decide today what I want for tomorrow

YOU HAVE THE RIGHT TO CHOOSE!

(ETIQUETTE PATIENT)

Réservé à la Clinique

Advance directives will enable the doctor to find out your wishes regarding medical treatments. They are not mandatory. This written declaration states your wishes if you are no longer able to express yourself or if your condition deteriorates during your stay.

Anyone over the age of 18 can, if they wish, draw up advance directives. Directives may be revised and revoked at any time. If the person is under legal protection (guardianship or curatorship), they must request authorisation from the judge or, where applicable, the family council.

Regulatory framework:

- French Act of 22 April 2005 on patients' rights and the end of life
- French Act of 2 February 2016 creating new rights for patients and people at the end of life.

My directives:

I, the undersigned (full name):

Born on (date): _____ in (town/city): _____

Residing at (address): _____

Have already drawn up my advance directives: YES NO

My advance directives are known to:			
<input type="checkbox"/> Doctor	<input type="checkbox"/> Trusted person	<input type="checkbox"/> Family member	<input type="checkbox"/> Close friend
Please provide their contact details:			
Surname, first name:			
Telephone:			
Address:			

My advance directives are saved in my Health Space (ENS) of my Shared Medical Record (DMP).

If not, and I would like to draw up my advance directives: ask for our guided form (cardiac resuscitation, respiratory assistance, transfusion, artificial nutrition, artificial hydration, etc.); or let us know your wishes:

.....
.....
.....
.....

Signed on (date)

In (town/city)

Signature

