**Questionnaire for applicants for treatment in the clinic "Sanitas»**

**under the program "cerebral palsy»**

**List of mandatory tests for admission to the clinic:**

**For a child:**

1. General blood test with bleeding duration and clotting time (valid for 15 days).

2. Biochemical blood test: total protein, bilirubin, blood sugar, ALT, AST, urea, creatinine, fibrinogen, PTI, PTV). (valid for 30 days).

3. Blood for hepatitis B, C (Express method, valid for 6 months).

4. Blood on RW and HIV (valid for 15 days).

5. General urine test (valid for 15 days).

6. Feces on eggs of helminths (valid for 15 days).

7. ECG. (valid for 6 months). In the presence of gross changes in ECG, heart ultrasound and consultation with a cardiologist.

8. Pediatrician's examination (valid for 15 days).

9. Neurologist examination (valid for 15 days).

10. Certificate of quarantine that the child has no infections (three days before admission to the hospital).

11. Be sure to provide data (discharge epicrisis) on hospitalizations in inpatient departments (if any) for the last 6 months.

**Tests for parents (accompanying)**

• fluorography (valid for 6 months).

• The RW blood.

Dear parents, we inform You that without a preliminary examination (specified in the list of mandatory examination) of the child, the clinic reserves the right to refuse to conduct basic therapy.

We remind You that at the time of hospitalization, the patient should not have an acute disease or exacerbation of a concomitant chronic disease, as this may lead to a refusal to carry out basic therapy or an increase in the length of stay in the hospital. Payment for additional days of stay and therapy is made at the expense of the patient.

In the absence of places in the clinic, accompanying (except the parent and the child) can be accommodated in the hotel "Poseidon" (1500 meters from the clinic). Address of the hotel Iskitim, South district 55A. Information about the hotel can be found on the website.

To send scanned tickets, preferably 2 weeks prior to arrival. In case of a later submission of the questionnaire, an additional seat is not guaranteed to the accompanying person.

**( all fields in the questionnaire are required)**

For more comfortable placement in the hospital, please fill out the form:

1. Child's name:

2. Diagnosis of the child:

3. Age of children:

4. Child weight and height:

( Weight and height of the child is necessary for the selection of the bed)

5. Does the child need a separate bed Yes No

6. Does the child need constant oxygen inhalation Yes No

7. The presence of tracheostomy in the child Yes No

8. The presence of gastrostomy in the child Yes No

9. Name of the child's mother:

10. Contact phone number, e-mail:

11. Provide information about your child's diet:

12. If a child accompanies the second (i.e. excluding parent) (name) - accommodation paid, with the power of 2000 a day.

**Admission of patients to the hospital is carried out until 9:00 am of the appointed date of hospitalization**

**Patients who have had pneumonia in the next 6 months should provide lung radiography!**

All tests and inspections must be sent to treatment for acquaintance on e-mail sferums2012@yandex.ru. Phone +79139411216 (Alexander).

Dear parents, all the necessary requirements and conditions offered before hospitalization are based solely on the interests of Your child. Thanks for understanding!