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| --- |
| **ZAMOLBA ZA USLUGU DUGOTRAJNOG SMJEŠTAJA**  **U DOMU ZA STARIJE I NEMOĆNE OSOBE POŽEGA**  1. Ime i prezime (i djevojačko) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. OIB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MBO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Ime oca i majke (i djevojačko) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Datum i mjesto rođenja (općina) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Broj osobne iskaznice i mjesto izdavanja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. Stručna sprema i ranije zanimanje \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. Državljanstvo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8. Nacionalnost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. Adresa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. Telefon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11. Mobitel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_12. E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  13. Bračno stanje \_\_\_\_\_\_\_\_\_\_\_\_\_ Ime i prezime supružnika\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  14. Smještaj sa supružnikom DA NE 15. Broj djece \_\_\_\_\_\_\_\_\_\_\_\_  16. OSOBA ZA KONTAKT:  Ime i prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_srodstvo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adresa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Br. tel./mob. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  17. Vrsta mirovine budućeg korisnika \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ iznos prihoda\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  18. Troškove će podmirivati a) sam korisnik b) korisnik i obveznik  c) obveznik u cijelosti c) drugo  19. Obveznik iz ugovora (Izjava ovjerena kod javnog bilježnika u prilogu) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adresa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Br.tel./mob.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  20. Uvjeti stanovanja: a) vlastita kuća/stan b) stanarsko pravo c) kod djece d) podstanar e) bez stana f) kod srodnika  21. Osoba pod skrbništvom:  DA (potrebno priložiti rješenje o skrbništvu) NE  22. Ugovor o doživotnom/dosmrtnom uzdržavanju:  DA (potrebno priložiti presliku ugovora) NE  23. Vlasništvo grobnice : DA (Gdje?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NE  24. Pozivam se na pravo prioriteta:  DA (potrebno priložiti presliku dokaza), temeljem: NE  a) Zakona o pravima hrvatskih branitelja iz Domovinskog rata i članova njihovih obitelji  b) Zakona o zaštiti vojnih i civilnih invalida rata  25. Razlozi smještaja  a) bolest i nemoć b) invalidnost c) poremećeni odnosi u obitelji d) osamljenost  e) neprimjereni uvjeti stanovanja f) ostalo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  26. VRSTA SMJEŠTAJA a) stambeni dio b) stacionar  27. HITNOST SMJEŠTAJA a) potreban odmah b) potreban u budućnosti  28.UKOLIKO ŽELITE MOLIMO VAS NAPIŠITE NEŠTO O SEBI, SVOJIM NAVIKAMA I POSEBNIM POTREBAMA:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Uz zamolbu prilažem (molimo zaokružite broj ispred dokumentacije koju dostavljate):

1. ZAMOLBU ZA SMJEŠTAJ I PRIVOLA ZA KORIŠTENJE OSOBNIH PODATAKA korisnika

2. PRESLIKU IZVATKA IZ MATICE ROĐENIH (ne stariji od 6 mjeseci)

3. PRESLIKU VJENČANOG LISTA (ako ste u braku)

4. ZDRAVSTVENU ANAMNEZA(ispunjena od strane izabranog liječnika obiteljske medicine)

5. PRESLIKU VAŽNIJE ZDRAVSTVENE DOKUMENTACIJE

6. PRESLIKU OSOBNE ISKAZNICE

7. PRESLIKU ZDRAVSTVENE ISKAZNICE

9. PRESLIKU ZADNJEG ODRESKA OD MIROVINE

10. IZJAVU OBVEZNIKA IZ UGOVORA OVJERENA KOD JAVNOG BILJEŽNIKA

11. OBRAZAC SUGLASNOSTI ZA ZAŠTITU OSOBNIH PODATAKA obveznika plaćanja

12. RJEŠENJE O SKRBNIŠTVU ZA OSOBE POD SKRBNIŠTVOM

13. PRESLIKU UGOVORA O DOŽIVOTNOM/DOSMRTNOM UZDRŽAVANJU

14. PRESLIKU DOKAZA O PRAVU NA PRIORITETNI SMJEŠTAJ

15. PRESLIKU RJEŠENJA O INKLUZIVNOM DODATKU

***Suglasan/na sam da se moji osobni podaci prikupljeni za ostvarivanje prava na smještaj obrađuju i čuvaju u svrhu za koju su prikupljeni kao i za razvoj socijalnih usluga općenito, a sukladno Zakonu o provedbi opće uredbe o zaštiti podataka (Narodne novine br: 42/2018).***

**PODNOSITELJ ZAHTJEVA:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mjesto i datum) (potpis)

**DOM ZA STARIJE I NEMOĆNE OSOBE**

**POŽEGA, Dr. Filipa Potrebice 2a**

**Tel. 034/271-311**

**ZDRAVSTVENA ANAMNEZA**

**OSOBNI PODATCI:**

Ime i prezime\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum i mjesto rođenja\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa stanovanja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZDRAVSTVENA ANAMNEZA:**

1**.** Dijagnoze \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Terapija u tijeku: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Oštećenje vida DA NE

4. Oštećenje sluha DA NE

5. Tjelesna invalidnost DA NE

6. Mentalna retardacija DA NE

7. Duševno oboljenje DA koje\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NE

8. Kronična bolest DA NE

9. Ovisnost o alkoholu DA NE

10. Ovisnost o nikotinu DA NE

11. Zarazno oboljenje DA koje\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NE

12. Je li osoba liječena od hepatitisa DA NE

13. PSIHIČKI STATUS (orijentiranost u prostoru):

a) orijentiran b) djelomično orijentiran c) dezorijentiran

14. POKRETLJIVOST: a) potpuna b) djelomična c) nepokretna

15. KONTINENTNOST: a) kontinentan b) inkontinentan

16. POMOĆ I NJEGA DRUGE OSOBE:

a) nije potrebna b) potrebna u cijelosti c) djelomično potrebna:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. DIJETALNA PREHRANA:

a) nije potrebna b) potrebna (navesti kakva)\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATUS PRAESENS:**

**Konstitucija, tjelesna visina i težina**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Opće stanje**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Glava i vrat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Osjetila: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Pluća:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Prsni koš**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Srce: RR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bilo**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Periferna cirkulacija: Arterijska: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Venska:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Urogenitalni sustav**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Lokomotorni sustav: Kralježnica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Okrajina:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neurološki status**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Faksimil i potpis liječnika:**

**Mjesto i datum:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ŽIVOTOPIS

1. OSOBNI PODACI PODNOSITELJA ZAHTJEVA( budućeg korisnika Doma)

|  |  |  |
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| **Ime i prezime** |  | |
| **Adresa boravka** | **Mjesto** |  |
| **Ulica i broj** |  |

1. PODACI O PRIMARNOJ OBITELJI ( budućeg korisnika Doma)

Podaci o roditeljima budućeg korisnika Doma

|  |  |  |
| --- | --- | --- |
|  | **Prezime i ime**  **(djevojačko prezime majke)** | **Zanimanje** |
| Otac |  |  |
| Majka |  |  |

U braku roditelja rođeno je djece .

**(koliko ?)**

Odnosi u obitelji su bili:

|  |  |
| --- | --- |
| **Skladni** |  |
| **Narušeni ( navedite razlog)** |  |

1. PODACI O OBRAZOVANJU I RADNOM STATUSU

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stručna sprema** | | | | | | | | |
| **NK** | **PK** | **KV** | | **VKV** | **NSS** | **SSS** | **ViSS** | **VSS** |
|  |  |  | |  |  |  |  |  |
| **Vrsta i smjer završene škole** | | |  | | | | | |
| **Radni staž**  (navedite gdje ste radili) | | |  | | | | | |
|  | | | | | |
|  | | | | | |
| **Godina odlaska**  **u mirovinu** | | |  | | | | | |

1. PODACI O SADAŠNJOJ OBITELJI ( budućeg korisnika Doma)

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| **Bračno stanje** |  |
| **Godina sklapanja braka** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Prezime i ime,**  **djevojačko prezime** | **Godina rođenja** | **Zanimanje** | **Adresa** | **Napomena** |
| **Bračni partner** |  |  |  |  |  |

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| **PODACI O DJECI PODNOSITELJA ZAHTJEVA** | | | | | |
|  | **Prezime i ime** | **Datum rođenja** | **Zanimanje i kvalifikacija** | **Zaposlen**  **DA-NE** | **Adresa stanovanja**  **(mjesto,ulica i broj)** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |

1. STAMBENE PRILIKE ( budućeg korisnika Doma)

|  |  |
| --- | --- |
|  | **Stanar** |
|  | **Sustanar** |
|  | **Podstanar** |
|  | **Vlasnik kuće-stana** |
|  | **Bez stana** |

|  |  |  |
| --- | --- | --- |
| **Veličina stambenog prostora:** | | |
| **Stambene prilike** | **Prosječne** |  |
| **Ispodprosječne** |  |
| **Zadovoljavajuće** |  |
| **Ugrožavajuće** |  |

1. MATERIJALNE PRILIKE ( budućeg korisnika Doma)

|  |  |  |
| --- | --- | --- |
| **Izvor prihoda** |  |  |
| **Iznos prihoda** |  |  |