

Patient documentation form SESAM-6

Physician ID:

Date of the utilisation: morning ☐ afternoon ☐

Gender of the patient: male ☐ female ☐ diverse ☐

Age group:
0-4 ☐ 5-9 ☐ 10-14☐ 15-18☐ 19-25☐ 26-30☐ 31-35☐ 36-40☐ 41-45☐ 46-50☐
51-55 ☐ 56-60☐ 61-65☐ 66-70☐ 71-75☐ 76-80☐ 81-85☐ 85-90☐ 91-95☐ >95 ☐

Mother tongue: german ☐ other ☐ don't know ☐

Language barrier: present ☐ partially present ☐ not present ☐

Familiarity: patient known ☐ patient new ☐

Scheduling: acute appointment ☐ scheduled appointment ☐

Contact initiation: independent ☐ care service ☐ relatives ☐
control date/routine date ☐ does not know ☐

Type of GP-patient contact: Presence ☐ Phone ☐ Video ☐

Chronically ill: yes ☐ no ☐

Already known

long-term diagnoses:
.....
.....
.....

Existing prescribed long-term medication: none ☐ 1-3 ☐ >3 ☐

Reasons for encounter: 1 ☐ 2 ☐ 3 ☐ >3 ☐

	known	new
Main reasons for the utilisation	<input type="checkbox"/>	<input type="checkbox"/>
(Reasons for encounter):	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Current new "Diagnosis"		
(Consultation results):		

Please turn

wait-and-see approach	<input type="checkbox"/>
referral	<input type="checkbox"/>
inpatient referral	<input type="checkbox"/>
Re-order	
long-term	<input type="checkbox"/>
short-term	<input type="checkbox"/>
DMP first prescribed	<input type="checkbox"/>
DMP following	<input type="checkbox"/>
Certificate of incapacity for work	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Physiotherapy	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>
Aids	<input type="checkbox"/>
Home nursing care	<input type="checkbox"/>
Rehabilitation measures	<input type="checkbox"/>
ÜW Psychotherapy	<input type="checkbox"/>
Other:	

Duration of GP-patient contact (in min):