



## PATIENT REGISTRATION

Surname

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First Name

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Date of birth

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Street, Nr

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Postcode / Town

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Telephone P / W

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Mobile Phone

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E-Mail

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### Appointment

- Please ask patient directly
- Patient logs on himself
- Make an appointment via the responsible doctor
- Emergency (please call +41 44 448 30 00 - thank you)
- In the next 2 weeks
- Other

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### Registration for

- ZIO Zurich  ZIO Richterswil  ZIO Glarus  ZIO Winterthur

- Consultation: assessment and therapy proposal
- Initiation / implementation of the therapy
- Psycho-oncological consultation
- Transfusions
- Complementary co-treatment
- Hyperthermia

### Allocation reason

- Main diagnosis / Suspected diagnosis

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- Existing findings

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### Further diagnostics

- Can be done directly by the ZIO
- After consultation with the assignor

### Additional information

- Comorbidities

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- Allergies

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- Other

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### Please send findings / reports in advance or give them to the patient.

- Medical Reports  Pathology  Imaging  Current medication list

Remarks

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### Telephone or e-mail Brief information after the first consultation desired

- Yes
- No

Copies of the reports to:

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## If you have any questions or doubts please call us: +41 44 448 30 00

### Center for Integrative Oncology Zentrum für Integrative Onkologie

#### ZIO Zurich

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CH-8005 Zurich  
Tel.: +41 44 448 30 00

#### ZIO Richterswil

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CH-8805 Richterswil  
Tel.: +41 44 787 27 07

#### ZIO Glarus

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CH-8750 Glarus  
Tel.: +41 55 640 44 44

#### ZIO Winterthur

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CH-8400 Winterthur  
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