

Opti-Q patient ID:

Version 2024

Care Passport

For the coordinated care of people with multiple chronic health conditions

This document is to be treated confidentially.

With the help of this care passport, your care will be even better tailored to your personal needs and expectations. Additionally, this passport allows for an improved exchange of your information between various healthcare professionals in charge of your care.

These professionals are obliged to treat all your personal data confidentially and may not disclose them without your consent. QualiCCare has at no time access to your personal data.

Pages 2 – 11 are to be completed by the patient alone or with the assistance of a caregiver. During your next appointment at your general practitioner's office, you can ask any questions you may have about the care passport.

Personal details

Name / First name	
Street / No.	
Zip code / City	
Phone	
E-Mail	
Date of birth	
Name of health insurance	
Insurance model	
SSN no.	
Signature*	

Reference persons and/or Representatives in medical matters

(who are not members of my treatment team on page 4)

Can be contacted if necessary and may be informed about the contents of this care passport. *(e.g. partner, son/daughter, relative, neighbour)*

Name / First name	
Phone / E-Mail	
Relationship to patient	
Name / First name	
Phone / E-Mail	
Relationship to patient	

(Continuation: reference persons and/or representatives in medical matters.)

Name / First name	
Phone / E-Mail	
Relationship to patient	
Name / First name	
Phone / E-Mail	
Relationship to patient	

Coordinator *(enter manually or stamp possible)*

This person (e.g. MA, APN) currently coordinates my care and ensures the exchange of information within the healthcare team and with the reference persons.

The coordinator must be notified in case of acute events.

Name / First name	
Profession / Specialty	
Phone / E-Mail	
Address / Stamp	
Signature*	

Or: I coordinate my care myself.

** With my signature, I confirm the information I have provided in this passport and agree to keep it up to date – as far as possible – and to refer to the passport during the consultation.*

Healthcare Team (can be entered manually or stamped)

The following people are currently taking care of me and may share information from this care passport with each other.

Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	

At the next appointment, please request the signature of the respective healthcare professionals.
(e.g. general practitioner, pharmacist, specialist, psychologist, physiotherapist, social worker, home care)

Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	
Name / First name	
Profession / Specialty	
Phone / E-Mail	
Signature* professional	

* With this signature, I confirm the information I have provided in this passport and agree to keep it up to date – as far as possible – and to refer to the passport during the consultation.

Current health problems

I am currently affected by the following physical, psychological and /or social issues:
(e.g., pain, fatigue, anxiety, sleep disorders, forgetfulness, loneliness, housing situation, work situation, relationship problems, financial problems, etc.)

Also mention problems that are more difficult to discuss (e.g. incontinence, appetite and eating disorders, sexuality and impotence, balance and falls issues, compliance with therapy measures, etc.)

Date	Health problems

Goals

1. What three important goals do you have for the next 12 months?

Think of the things you want to do in your personal, professional and social life – things you need to do, want to do or enjoy doing.

Then list the goals in order of priority – starting with 1 for the goal that matters to you most and that you would like to focus on first.

2. Why are these goals important to you?

We now ask you to think about why they are important to you.

You can use the template below (also on the next pages).
We ask you to do this exercise with the three listed goals.

Goal 1:	→	Why is this goal important to you?	→

3. What are the first steps you would like to take to achieve your goal(s)?

Having identified your most important goals, we ask you to think about the first steps you would like to take towards achieving each respective goal.



What first steps can you take towards achieving this goal?

Goals

<p>Goal 2:</p> 	→	<p>Why is this goal important to you?</p> 	→
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<p>Goal 3:</p> 	→	<p>Why is this goal important to you?</p> 	→
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What first steps can you take towards achieving this goal?

A large, empty rectangular box with a thin grey border, intended for writing the first steps towards achieving the goal.

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A large, empty rectangular box with a thin grey border, intended for writing the first steps towards achieving the goal.

The following pages are to be completed by a professional including the patient in the process.

List of diagnoses This list can also be printed and attached to the care passport.

Current list of diagnoses <i>including psychiatric diagnoses and addictions, nursing diagnoses and sensory impairments</i>	Year of first diagnosis

Notable operations / interventions and / or allergies / intolerances	Date

Space to attach diagnoses list

Care plan

This overview lists the *mutually agreed upon* objectives and the measures to be taken to achieve them. The goals should be specific, measurable, and time-bound.

Goal/Indicator	Measure

The objectives and measures are to be reviewed during each consultation and adjusted if necessary.

Agreed on, with	Deadline	Reviewed on, by

Care plan

This overview lists the *mutually agreed upon* objectives and the measures to be taken to achieve them. The goals should be specific, measurable, and time-bound.

Goal/Indicator	Measure

The objectives and measures are to be reviewed during each consultation and adjusted if necessary.

Agreed on, with	Deadline	Reviewed on, by

Medication-related problems

A comprehensive medication check is performed during the patient's visit. The healthcare professional documents any pharmaceutical recommendations in the care passport.

Date / Signature responsible professional	Medication	Medication-related problem

These recommendations can also be printed and attached to this page to the care passport.

Pharmaceutical recommendation and /or comments

Space to attach the printed pharmaceutical recommendations

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Pharmaceutical recommendation and /or comments

Space to attach the printed pharmaceutical recommendations

Follow-up controls

These parameters can also be printed and attached to the care passport.

Healthcare professionals can define and document necessary clinical parameters which should be measured regularly, such as blood pressure (mmHg), blood sugar (HbA1c), blood fat (LDL), or body weight (BMI), etc.

Relevant clinical parameters	Value / Date / Professional	Value / Date / Professional

Please enter the date of the measurement, the measured value and the responsible professional

Value / Date / Professional	Value / Date / Professional	Value / Date / Professional	Value / Date / Professional

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Please enter the date of the measurement, the measured value and the responsible professional

Value / Date / Professional	Value / Date / Professional	Value / Date / Professional	Value / Date / Professional

Next appointments

The next appointments are planned as follows:

Date / Time	With (name / healthcare professional)

Date / Time	With (name / healthcare professional)

Important documents

I have the following documents

(please check as appropriate and/or add further documents):

Medication plan

Vaccination card

Diabetes passport

Blood pressure passport

Anticoagulation card

Allergy passport

Advance directives placed with:



Gesundheitsförderung Schweiz
Promotion Santé Suisse
Promozione Salute Svizzera