Viljandi Hoolekandekeskus

Lastekodu 6, Viiratsi

Viljandi vald

70101 VILJANDIMAA

e-post: info@hoolekandekeskus.ee

AVALDUS

üldhooldusteenuse koha taotlemiseks ViljandiHoolekandekeskuses

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| Kliendi nimi: | |  | | | | | | | |  |
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| Kliendi isikukood: | |  | | | | | | | |  |
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| Kliendi aadress (registrijärgne): | |  | | | | | | | |  |
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| Kliendi tervisliku seisundi kirjeldus: | |  | | | | | | | |  |
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| Kliendi abivajaduse kirjeldus: | |  | | | | | | | |  |
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| Kliendi teenusele asumise kuupäev: | |  | | | | | | | |  |
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| Perearsti ja/või eriarsti nimi: | |  | | | | | | | |  |
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| Kas klient on vaktsineeritud (COVID-19)? | |  | Jah | *Märkused:* | | | | | |  | |
|  | Ei |  | |
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| Kliendi ID-kaart: | |  | Jääb Hoolekandekeskusesse | | | | | | |  | |
|  | Jääb kliendi esindajale, Hoolekandekeskus saab koopia | | | | | | |  | |
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| Lepingu sõlmija nimi: | |  | | | | | | | |  |
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| Isikukood: | |  | | | | | | | |  |
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| Aadress: | |  | | | | | | | |  |
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| Telefon: | |  | | | | | | | |  |
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| E-posti aadress: | |  | | | | | | | |  |
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Allkiri: Kuupäev: