

# Application Form

## Rehabilitation

- ☐ Neurorehabilitation Treatment Programme for adults and children
- ☐ BABYMED – Early rehabilitation for Children up to 2 years of age

## Date

From

Till

## Patient's Details

Gender

- ☐ Female
- ☐ Male

First Name

Last Name

Date of Birth

Personal ID Number / NHS Number

Insurance Institution

Diagnosis

Medications

Epilepsy

- ☐ No
- ☐ Yes

*Date of last Seizure*

Street

Number

City

Post Code

Country / State

Mobile Phone

E-mail

## Extra Therapies\*

- ☐ Hyperbaric Oxygen Therapy
- ☐ Hydrotherapy
- ☐ Sensomotoric Therapy

- ☐ Multifunctional Exercise Unit (Spider/UGUL)
- ☐ Animal-supported Therapy (Canis-therapy)

Other

*\* The attending physician needs to approve any additional therapy.*

## Details of Parent / Guardian

First Name

Last Name

Street

Number


City

Post Code

Country / State

Mobile Phone

E-mail

Please continue on the next page 

# Application Form

## Details of Parent/Guardian: (if signing this application)

First Name

Last Name

Street

Number

City

Post Code

Country / State

Mobile Phone

E-mail

## Accommodation in Adeli Medical Center

Check In

Check Out

Room Type

- ☐ Standard room
- ☐ Economy Apartment (two-room apartment with a shower)
- ☐ Apartment (two-room apartment with a bath and shower)
- ☐ Family Rooms (connecting standard rooms)
- ☐ Family Apartment (three-room apartment)

Number of Adults

Number of Children up to 15 years

Board for Adults

- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

Board for Children up to 12 years

- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

Medical Bed

- ☐ Yes
- ☐ No

Other Requirements

## Airport Transfers

- ☐ Vienna
- ☐ Bratislava

Please continue on the next page ►

# Application Form

## Processing of personal data for the purposes of health care provision

Personal data provided through this application form for the purposes of health care provision shall be processed by the Controller: Adeli s.r.o., residing at Hlboká 45, 921 01 Piešťany, Slovakia, CRN: 35 850 655. Personal data in question shall be requisite, within precontractual relations, in order to conclude and fulfil the agreement on health care provision and shall be processed in accordance with Act no. 576/2004 Coll. on Healthcare, services related to Provision of Healthcare and on the subsequent amendments of certain other laws, as amended.

## Processing of personal data for the purposes of providing accommodation

In case of applying for the accommodation with this application form as well, your contact details and personal identification data given in this application form shall be for the purposes of provision of accommodation and related services and shall also be processed by the Controller: Adeli Center, s.r.o., residing at Kátlovce 70, 919 55 Kátlovce, Slovakia, CRN: 36 449 521. Personal data in question shall be requisite, within precontractual relations, in order to conclude and fulfil the agreement on provision of services (especially accommodation).

## Contractual conditions and up-to-date data

By signing this document I certify, that I have read the contractual conditions of Adeli Medical Centre and agreed with them. I hereby certify that the aforementioned data are correct and up-to-date as well.

## Consent to the processing of your personal data and portraits for marketing purposes

To the Controller/Company Adeli s.r.o., residing at Hlboká 45, 921 01 Piešťany, Slovakia, CRN: 35 850 655, in compliance with the general regulation of the EU on Data Protection no. 2016/679 of 27. April 2016 (GDPR) and § 12 of Civil Code, I hereby (please, choose one option):

FOR MOTIVATION OF OTHER AFFECTED FAMILIES AND SUPPORT OF THE ADELI MEDICAL CENTER

- |                       |            |   |   |
|-----------------------|------------|---|---|
| a)                    |            | } | a consent to the processing of my aforementioned identification and contact data – name, surname, title, email and mobile phone (they shall be used for direct marketing, sending newsletter, offers and advertisements of products and services as well as products and services of Adeli's partners and for the assessment of guest's/client's satisfaction);   |
| <input type="radio"/> | give       |   |   |
| <input type="radio"/> | don't give |   |   |
| b)                    |            | } | a consent to using my portrait as a photograph or audio-visual records (they shall be used and published for the purposes of promoting the services and products of Adeli on the webpage <a href="http://www.adelicenter.eu">www.adelicenter.eu</a> , on other webpages of Adeli, on other social networking websites – profiles of Adeli, as well as in blogs, articles and promo leaflets/newsletters). |
| <input type="radio"/> | give       |   |   |
| <input type="radio"/> | don't give |   |   |

The consent is given for the period of 3 years. Provision of this consent is fully voluntary. This consent to the processing of your personal data for a particular purpose can be withdrawn in writing at any time and send to a following address of a Controller: Adeli s.r.o., residing at Hlboká 45, 921 01 Piešťany, Slovakia, CRN: 35 850 655 or via email to an email address: [info@adelicenter.eu](mailto:info@adelicenter.eu). In case of a consent withdrawal the Controller shall no longer process your personal data for the given purpose. Withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal.

## Information on personal data protection

Up-to-date information on your personal data protection and processing as well as information on your legal rights related to your personal data protection can be always found on our website [www.adelicenter.eu](http://www.adelicenter.eu) or you can get information about your personal data protection via telephone on number +421337915900 or via email [info@adelicenter.eu](mailto:info@adelicenter.eu).

Date

Signature of Patient / Legal Guardian

Please, send the completed form to your contact person in Adeli Medical Center.

Thank you and wish you a successful therapy in our medical center!