# QUESTIONNAIRE FOR OFFER

## GENERAL INFORMATION (to be completed once for all requested standards)

- **Trade Name:**
- **Registered Name:**
- **Address:**
- **City:**
- **Zip Code:**
- **VAT No:**
- **Year Established:**
- **Phone No:**
- **Fax No:**
- **Email:**

### Ownership:
- Is the organisation a public/ government establishment or an independent/ private sector provider?

### Contact person(s):
(Please indicate with whom correspondence to be made)
- Chief Executive Officer (or equivalent):
  - **Designation:**
  - **Phone No.:**
  - **Mobile No.:**
  - **Email:**

### Survey Coordinator:
- Mr./Ms./Dr.
  - **Designation:**
  - **Phone No.:**
  - **Mobile No.:**
  - **Email:**

### Number of Inpatient Beds: (number currently in operation) (please exclude emergency, day-care, recovery room beds etc.)

### ACCREDITATION / CERTIFICATION DESIRED
- Accreditation Canada
- NABH International
- ISO / Swiss Approval International
- Temos
- Quality Accreditation Institute

### COMBINED AUDIT
- YES
- NO
- [ ]

### OPERATIONS/ PROCESSES/ ACTIVITIES OF THE COMPANY (Hospital, Clinic, Wellness, etc.)
- Total number of employees:
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#### SPECIFIC INFORMATION ON OFFERED SERVICES

**1- INPATIENTS CARE (HOSPITALS- CLINICS)**
- [ ] Tertiary Care
- [ ] Secondary Care
- [ ] Rehabilitation (Inpatients Rehabilitation and Recovery)
- [ ] Internal Medicine Sector
- Cardiology
- Pulmonology
- Neurology
- Endocrinology
- Obstetrics- Gynecology
- Surgical Sector
- Cardio surgery
- Thoracic
- General surgery
- Orthopedic
- Neurosurgery
- ENT
- Ophthalmology
- Psychiatric/ Mental Health Sector
- Pediatric Sector
- Imaging Department
- Laboratory Services
- Infections Control Department
- Day Care Unit
- Outpatients Department- Polyclinic Services
- Intensive Care Unit (ICU)/Neonatal Intensive (NICU)/ High Care (HCU )
- Emergency Care Unit
- Transfusion Unit
- Dialysis Unit
- Maxillofacial medicine
- Oncology / Chemotherapy Unit
- Pharmacy

**2- AMBULATORY CARE *  
- Polyclinic (diagnostic and clinical services)
- Primary Care centers (combined diagnostic - therapeutic services, labs, medical practice offices)
- Mental Health office
- Imaging Diagnostic Facilities
- Laboratory Services, Biopathology Labs
- Specialized Units (Ophthalmology- Eye Care)
- Specialized Units (Orthopedic)
- Specialized Units (Dermatology- Aesthetic non-invasive Medicine)
- Ambulance- Patients’ Transfer service
- Dialysis Center
- Dental Care Centres
- Oncology outpatients / Chemotherapy Unit
- Pharmacy
- Occupational Health and Safety services
- School Medicine
- Telemedicine services

**3- REHABILITATION, RECOVERY, PALLIATIVE CARE * 
- Integrated Rehabilitation Unit (PRM)- Outpatients Care Facilities
- Physiotherapy Unit
- Occupational Therapy Unit
- Speech Therapy Unit
- Hydrotherapy Unit
- Hospice
- Home Care/ Palliative Care

**4- ALTERNATIVE CARE AND PHYSICAL WELL BEING * 
- Chinese Medicine (Inpatient Care- TCM Hospital)
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☐ Chinese Medicine (Outpatient Care)
☐ Homeopathy
☐ Chiropractic - Acupuncture
☐ Other Therapies (BS EN 15224 - 4.6)

Send completed Questionnaire through email: info@health-core.org or FB Messenger: Health Core