

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	<input type="checkbox"/> Accreditation Canada <input type="checkbox"/> NABH International <input type="checkbox"/> ISO / Swiss Approval International <input type="checkbox"/> Temos <input type="checkbox"/> Quality Accreditation Institute
COMBINED AUDIT	YES <input type="checkbox"/> NO <input type="checkbox"/>
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)- Oupatients 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