



ACCEPTANCE LETTER FOR FAMILY MEDICINE

A. Personal data of the student	
Surname:	First name:
Email address:	EHA code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .PTE
Mailing address:	Phone number:

B. Practice details (to be completed by the host institution)	
Name of family practitioner:	
Address:	
Period of practice (from/until):	
Hours to be completed:	
Family practitioner's email address:	
Telephone number:	Fax:
<b><u>The course description of the Family Medicine:</u></b>  The duration of the practice is at least 2 weeks and at least 60 hours. <b>a. Communication and Medical Ethics:</b> Patient Education. Informing the Patients. Home Care and Home Visits. Communicating with „Difficult” Patients. Team work. Doctor-Patient-Patient's Relatives Relationship. Informing the Patient's Relatives. Recognition of Addicted Patients. Giving Information. Common problems of the Elderly. End of Life Decisions. Consultation with Colleagues. Communication with the Team. <b>b. Patient History, Diagnostical Procedures, Laboratorial Procedures:</b> Taking the Patient's. Family History and Medical History. Physical Examination. Neurological Physical Examination. Examining Children. Differential Diagnosis. Practicing the Physical Examinations. Blood Pressure Measure. Measuring Blood Sugar Level. Taking Blood Sample. Taking Urine and Throat Samples. Making ECG. Analyzing ECG. <b>c. Treatment:</b> Giving Intramuscular. Subcutaneous and Intravenous Injections. Giving Infusions. Educating Patients for the Use of Inhalation Medicines. Acute and Emergency Care in the Practice. Duty Work. The Use of Antipyretics and Painkillers. Hospice and Palliative Care in the Practice. Patient Education. Treating Homeless People. Dying Patients. Prevention and Management of Various Diseases. Screenings and Follow Up. Management of Infectious Diseases. Vaccinations. Postoperative Management of the Patient. <b>d. Screening, Follow-Up, Rehabilitation:</b>	

To be sent/handed in to the Registrar's Office after A-B-C sections are COMPLETED TOTALLY before the practice begins!

Address: HUNGARY - 7624 Pécs - Szigeti út 12.



Planning Screening Examinations. Recruiting Patients. Analyzing the Results of Screening. Patient Follow-up. Pregnant Care.

**e. Judicial Tasks:**

The Process of Sick Leave. Examination for Disabilities. Post Mortem Examination. Renewing Driving License. Organizing Nursery Home Application and Home Care.

**f. Administrations:**

Prescriptions. Patient Documentation. PC Use. Administration of the Patient's Medicines. Administration of Opiates. Administration of the Side Effects of the Drugs. Records, Consultations, Referrals.

**I acknowledge and accept that the practice will be completed according to the requirements mentioned above.**

**Supervisor's signature:**

**Date / Stamp:**

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