

MEV CE LAMPRECHT neë Janse van Rensburg

BSc Fisio, BSc (Hon) Fisiolo, BA Indus Psych, BA Hon (Indus Psych)
Practice nr: 7234104 HPCSA nr: PT 0036927

PASIËNT BESONDERHEDE / PATIENT DETAILS

Van/Surname:

Volle Name/Full Names:

Mnr/Mev/Mej/Me

Mr/Mrs/Miss/Ms

I.D Nummer/I.D Number: _____

Huisadres/Home Address:

Pos Adres en Pos Kode/Postal Address and Postal Code:

Beroep/Occupation:

Werksadres/Work Address:

Tel - H:

Ander Kontak Persoon - Naam en Kontak No:

Tel - W:

Alternative Contact Person - Name and Contact Nr:

Faks Nr/Fax No:

Selfoon/Cellphone

E-Pos Adres/E-Mail Address:

Volle Name/Full Names:

HOOFLIK BESONDERHEDE / MAIN MEMBER DETAILS

Van/Surname:

Mnr/Mev/Mej/Me

Mr/Mrs/Miss/Ms

I.D Nummer/I.D Number: _____

Huisadres/Home Address:

Pos Adres en Pos Kode/Postal Address and Postal Code:

Beroep/Occupation:

Werksadres/Work Address:

Tel - H:

Ander Kontak Persoon - Naam en Kontak No:

Tel - W:

Alternative Contact Person - Name and Contact Nr:

Faks Nr/Fax No:

Selfoon/Cellphone

E-Pos Adres/E-Mail Address:

Mediese Fonds No / Medical Aid Nr:

MEDIËSE FONDS BESONDERHEDE / MEDICAL AID DETAILS

Naam en Plan van Mediese Fonds / Name and Plan of Medical Aid:

Die rekening asook kostes om rekening in te vorder bly die verantwoordelikheid van die lid/pasiënt.

The account as well as any costs incurred to collect the outstanding account remains the responsibility of the main member/patient.

Handtekening/Signature:

Datum / Date:

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PASIËNT MEDIËSE INLIGTING VORM (VERTROULIK)/PATIENT MEDICAL INFORMATION (CONFIDENTIAL)

HUIDIGE HOOFKLAGTE / CURRENT CHIEF COMPLAINT:

Rugpyn en/of beenpyn / Back and/or leg pain

Nek en/of arm pyn / Neck and/or arm pain

Hoofpyn/Headache

Epilepsie/Eilepsy

Vertigo

Ander/Other _____

MEDIËSE AGTERGROND / PREVIOUS MEDICAL HISTORY:

Hoë bloeddruk/Hypertension

Suikersiekte/Diabetes

Beroerte/Stroke

Hartaanval/Heart attack

Trombose of embolisme/Blood clots or embolism

Asma/Asthma

Kolesterol/Cholesterol

Artritis of jig/Arthritis or gout

Kanker/Cancer

Angs/Depressie /Anxiety/Depression

Ander/Other _____

VORIGE OPERASIES / PREVIOUS SURGERIES:

Brein/Brain

Rug/Back

Nek/Neck

Hartomleiding/Bypass

Histerektomie/Hysterectomy

Mastektomie/Mastectomy

Kanker/Cancer

Ander (Spesifiseer)/Other (Specify) _____

MEDIKASIES/MEDICATIONS:

Aspirien/Aspirin (i.e. Disprin, Grandpa)

Warfarin

Insulin

Ander (Spesifiseer)/Other (Specify) _____

Allergie/Allergies _____

Handtekening/Signature:

Datum / Date:
