

# ADMISSION FORM/OPNAMEVORM



CPT CODE/KODE	ICD CODE/KODE	SADA CODE/KODE
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FOR COMPLETION BY DOCTOR/MOET DEUR DOKTER INGEVUL WORD

**ADMITTING DOCTOR/OPNAMEGENEESHEER** \_\_\_\_\_  
**DATE OF ADMISSION/OPNAMEDATUM** \_\_\_\_\_ **TIME/TYD** \_\_\_\_\_ **DATE OF OPERATION/OPERASIEDATUM** \_\_\_\_\_  
**CO-MORBIDITY/KO-MORBIDITEIT** \_\_\_\_\_  
**DIAGNOSIS AND PROCEDURE/DIAGNOSE EN PROSEDURE** \_\_\_\_\_  
**PATIENT WEIGHT/PASIËNT GEWIG** \_\_\_\_\_ **KG** **PATIENT HEIGHT/PASIËNT LENGTE** \_\_\_\_\_ **M**

**FOR COMPLETION BY PATIENT (PLEASE PRINT)/MOET DEUR PASIËNT INGEVUL WORD (DRUKSKRIF ASSEBLIEF)**

DR THAT REFERRED YOU TO THE SPECIALIST AT THE HOSPITAL/DR WAT U VERWYS HET NA DIE SPESIALIS BY DIE HOSPITAAL? \_\_\_\_\_  
 FAMILY DOCTOR/HUISDOKTER \_\_\_\_\_  
 SURNAME/VAN \_\_\_\_\_ INITIALS/VOORLETTERS \_\_\_\_\_ TITLE/TITEL \_\_\_\_\_  
 LANGUAGE/TAAL  E  A FULL NAME/VOORNAAM \_\_\_\_\_  
 TEL \_\_\_\_\_ DATE OF BIRTH/GEBOORTEDATUM \_\_\_\_\_  
 GENDER/GESLAG  MALE/MANLIK  FEMALE/VROULIK IF RSA/NAMIBIA CITIZEN: ID NO. \_\_\_\_\_  
 IF OTHER, PASSPORT NO. \_\_\_\_\_  
 HOME ADDRESS/WOONADRES \_\_\_\_\_  
 CODE/KODE \_\_\_\_\_ E-MAIL/E-POS: \_\_\_\_\_  
**ACCOMMODATION CHOICE/VERBLYFKEUSE**  GENERAL WARD/ALGEMENE SAAL  SEMI-PRIVATE/SEMI-PRIVAAT\*  PRIVATE/PRIVAAT\*  
\* WARDS ARE SUBJECT TO AVAILABILITY AND CARRY A DAILY SURCHARGE. CONTACT HOSPITAL BEDBOOKINGS FOR DETAILS.  
 \* SALE IS ONDERHEWIG AAN BESKIKBAARHEID. 'N BYBETALING MOET BETAAL WORD. KONTAK DIE HOSPITAAL SE BEDBESPREKINGAFDELING VIR BESONDERHEDE.  
 OCCUPATION/BEROEP \_\_\_\_\_ **EMPLOYER/WERKGEWER** \_\_\_\_\_  
 BUSINESS ADDRESS/WERKADRES \_\_\_\_\_ TEL \_\_\_\_\_  
**CONTACT PERSON/KONTAK PERSOON** \_\_\_\_\_ CELL/SEL \_\_\_\_\_  
 RELATIONSHIP/VERWANTSKAP \_\_\_\_\_  
**OTHER CONTACT PERSON/ANDER KONTAKPERSOON** \_\_\_\_\_ CELL/SEL \_\_\_\_\_  
 RELATIONSHIP/VERWANTSKAP \_\_\_\_\_

**PLEASE OBTAIN AUTHORISATION FROM YOUR MEDICAL AID 48 HOURS BEFORE ADMISSION.  
VERKRY ASSEBLIEF MAGTIGING VAN U MEDIESE FONDS 48 UUR VOOR TOELATING.**

**MAIN MEMBER OF MEDICAL AID / HOOFLID VAN MEDIESEFONDS**

SURNAME/VAN \_\_\_\_\_ INITIALS/VOORLETTERS \_\_\_\_\_ TITLE/TITEL \_\_\_\_\_  
 MEDICAL AID NAME/NAAM VAN MEDIESE FONDS \_\_\_\_\_ \* PLAN/OPTION/OPSIE \_\_\_\_\_  
 MEDICAL AID NUMBER/MEDIESE FONDSNOMMER \_\_\_\_\_ \*AUTHORISATION NO./MAGTIGINGSNR. \_\_\_\_\_  
 DEPENDANT CODE/AFHANKLIKE KODE \_\_\_\_\_ RELATIONSHIP TO PATIENT/VERWANTSKAP TOT PASIËNT \_\_\_\_\_  
 ID NO./ID NR. \_\_\_\_\_ MEMBER TEL NO./HOOFLID TEL. NR. \_\_\_\_\_  
 MEMBER POSTAL ADDRESS/HOOFLID POSADRES \_\_\_\_\_  
 \_\_\_\_\_ CODE/KODE \_\_\_\_\_  
 E-MAIL/E-POS \_\_\_\_\_

**PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT/PERSOON VERANTWOORDELIK VIR BETALING VAN DIE REKENING**

SURNAME/VAN \_\_\_\_\_ INITIALS/VOORLETTERS \_\_\_\_\_ TITLE/TITEL \_\_\_\_\_  
 RELATIONSHIP TO PATIENT/VERWANTSKAP TOT PASIËNT \_\_\_\_\_  
 TEL NO./TEL NR. \_\_\_\_\_ CELL/SEL \_\_\_\_\_  
 ID NO./NR. \_\_\_\_\_ CITIZENSHIP/NASIONALITEIT  RSA  NAMIBIA/NAMIBIE  OTHER/ANDER  
 HOME ADDRESS/ WOONADRES \_\_\_\_\_  
 \_\_\_\_\_ CODE/KODE \_\_\_\_\_  
 POSTAL ADDRESS/POSADRES \_\_\_\_\_  
 \_\_\_\_\_ CODE/KODE \_\_\_\_\_  
 E-MAIL/E-POS \_\_\_\_\_ OCCUPATION/BEROEP \_\_\_\_\_  
 EMPLOYER/WERKGEWER \_\_\_\_\_ TEL \_\_\_\_\_  
 BUSINESS ADDRESS/WERKADRES \_\_\_\_\_ CODE/KODE \_\_\_\_\_  
 PREFERRED METHOD OF COMMUNICATION/METODE VAN KOMMUNIKASIE  SMS  E-MAIL/E-POS  TELEPHONE/TELEFOON  OTHER/ANDER  
 VISIT FROM RELIGIOUS REPRESENTATIVE/BESOEK VAN GELOOFSVERTEENWOORDIGER  YES  NO RELIGION/KERVERBAND \_\_\_\_\_

**THIS FORM MUST BE HANDED IN AT RECEPTION AT LEAST 48 HOURS PRIOR TO ADMISSION. / HIERDIE VORM MOET TEN MINSTE 48 UUR VOOR OPNAME BY ONTVANGS INGEHANDIG WORD.  
MEDICAL AID MEMBERSHIP CARD AND ID DOCUMENT MUST BE PRODUCED UPON ADMISSION. / PASIËNTE MOET BY OPNAME HUL MEDIESEFONDS KAART EN ID-DOKUMENT TOON.**

SIGNED/GETEKEN \_\_\_\_\_ DATE/DATUM \_\_\_\_\_

**PRIVATE PATIENTS ARE REQUIRED TO PAY AN ADMISSION DEPOSIT. CONTACT HOSPITAL ACCOUNTS DEPARTMENT FOR DETAILS.  
PRIVAAT PASIËNTE MOET 'N BERAAMDE KOSTE/DEPOSITO MET TOELATING BETAAL. KONTAK DIE REKENINGAFDELING VAN DIE HOSPITAAL VIR NADERE INLIGTING.**