

MEDICLINIC SENIOR

REGISTER NOW FOR THE MEDICLINIC SENIOR PROGRAMME

PERSONAL DETAILS

SURNAME: _____

FULL NAMES: _____

INITIALS: _____ TITLE: _____

ID TYPE: RSA NAMIBIA OTHER

ID/PASSPORT NUMBER: _____

DATE OF BIRTH: _____

LANGUAGE: AFR ENG

TELEPHONE: _____

CELLPHONE: _____

PHYSICAL ADDRESS: _____

COUNTRY: _____ POSTAL CODE: _____

E-MAIL: _____

OCCUPATION (PREVIOUS): _____

MEDICAL SCHEME: _____

MAIN MEMBER: _____

MEDICAL SCHEME OPTION/PLAN: _____

MEMBERSHIP NUMBER: _____

DEPENDANT(S) CODE: _____

FAMILY DOCTOR: _____

COMORBIDITIES

- E10 DIABETES (MEDICATION NEEDED)
- E11 DIABETES (NO MEDICATION NEEDED)
- E78 HIGH CHOLESTEROL
- 110 HYPERTENSION (HIGH BLOOD PRESSURE)
- 120 ANGINA
- 125.2 PREVIOUSLY HAD A HEART ATTACK
- 150 HEART FAILURE

J43 EMPHYSEMA

J45 ASTHMA

M06 OTHER RHEUMATOID ARTHRITIS

N18 CHRONIC KIDNEY FAILURE

OTHER: _____

YOUR NEAREST MEDICLINIC HOSPITAL: _____

COMMUNICATION

MAY WE SEND RELATED COMMUNICATION?

YES NO

HOW CAN WE COMMUNICATE WITH YOU?

E-MAIL OR SMS

WHERE DID YOU HEAR OF THE MEDICLINIC SENIOR PROGRAMME?

DOCTOR

PRINTED OR ELECTRONIC MEDIA

FAMILY OR FRIENDS

HOSPITAL

EVENT

OTHER: _____

WELCOME TO THE MEDICLINIC SENIOR PROGRAMME.

AFTER COMPLETING THIS FORM, FAX IT (TO E-MAIL) ON 086 681 2134 OR HAND IT IN AT CLIENT SERVICES OR AT RECEPTION.

SIGNATURE: _____

DATE: _____

MEDICLINIC SENIOR
PO BOX 3948
TYGER VALLEY
7536