

ADMISSION DATE/
OPNAME DATUM: _____

DOCTOR /
DOCTER: _____

PATIENT ADMISSION FORM / PASIËNT OPNAMEVORM

Completed document, Medical Aid card and ID document must be submitted to Reception at least 48 hours prior to admission if possible. Please email to: admission@zah.co.za or fax to: **012 343 4592**
Voltooide vorm moet saam met u Mediese Fondskkaart en ID-dokument ingehandig word by ontvangs, 48-uur voor opname indien moontlik. Stuur asb. die vorm per epos aan: admission@zah.co.za of faks na: **012 343 4592**

Tick applicable / Merk asseblief toepaslike

MEDICALSCHEME/MEDIESE SKEMA **PRIVATE PATIENT/PRIVAAT PASIËNT** **WCA / BAD** **MVA**

AUTHORISATION NO / MAGTIGINGS NR:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

A: MAIN MEMBER / PERSON RESPONSIBLE FOR ACCOUNT		~ HOOFLID / PERSOON VERANTWOORDELIK VIR REKENING																					
ID <u>OR</u> Passport No / ID <u>OF</u> Paspoortnr:		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																					
Title / Titel:	Surname / Van:																						
Full names / Volle voorname:																							
Relation to patient / Verwantskap aan pasiënt:																							
Physical Home Address / Fisiese Huis Adres:		Postal Address / Posadres:																					
Postal Code / Poskode:		Postal Code / Poskode:																					
Employer / Werkgewer:		Occupation / Beroep:																					
Period of Employment / Tydperk in Diens:		Telephone No / Telefoonnr: H ()																					
Physical Work Address / Fisiese Werkadres:		W ()																					
		Cell phone No / Selfoonnr:																					
Postal Code / Poskode:		E-Mail / E-Pos:																					

B: MEDICAL AID DETAILS		/ MEDIESE SKEMA BESONDERHEDE																					
Medical Aid Name / Mediese Skema Naam:		Plan/Option / Plan/Opsie:																					
Membership Number / Lidmaatskap nommer:		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																					
Network option: Netwerk opsie:	Yes / Ja No / Nee	Dependant Code / Afhanklike Kode:																					
Patient Waiting period/Exclusions / Pasiënt Wagperiode/Uitsluitings:		Benefit Date / Voordele datum:																					

C: DETAILS OF PATIENT		/ PASIËNT SE BESONDERHEDE																					
ID <u>OR</u> Passport No / ID <u>OF</u> Paspoort nr:		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																					
Full names / Volle voorname:																							
Surname / Van:																							
Title	Gender / Geslag:	Language preference / Taal voorkeur:																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">M</td> <td style="width: 50%; text-align: center;">V/F</td> </tr> </table>	M	V/F	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">English</td> <td style="width: 50%; text-align: center;">Afrikaans</td> </tr> </table>	English	Afrikaans																	
M	V/F																						
English	Afrikaans																						

Residential Address / Woonadres:	Postal Address / Posadres:
	Postal Code / Poskode:
Home/Huis Tel.: ()	Work/Werk Tel.: ()
Cell phone No/Sel nr:	E-Mail / E-Pos:
Work Address / Werk Adres:	Employer name / Werkgewer :
	Diagnosis / Diagnose:
Postal Code / Poskode:	

D: BANK DETAILS FOR POSSIBLE REFUND: / BANK BESONDERHEDE VIR TERUGBETALING:	
ACCOUNT HOLDER / REKENINGHOUER:	
BANK NAME / NAAM:	BRANCH CODE / TAK KODE:
ACCOUNT NO. / REKENING NO:	
TYPE OF ACCOUNT / TIPE REKENING:	

E: RELATIVE	/	NAASBESTAANDE
Name & Surname Naam & Van		
Relationship Verwantskap		Cell phone No Sel nr
Address Adres		Telephone No. H () Telefoonnr
		W ()
Postal Code/Poskode:		

F: CONTACT PERSON (Not the same as above)	/	KONTAKPERSOON (Nie dieselfde as bo)
Name & Surname / Naam & Van:		
Relationship /Verwantskap:		Cell phone No / Sel nr
Address/Adres:		Telephone No / Telefoonnr: H ()
		W ()
Postal Code/Poskode:		

**I am fully aware of the conditions and procedures regarding the payment of the Hospital account. /
Ek is ten volle op hoogte van die voorwaardes en procedures vir betaling van die Hospitaalrekening.**

PLEASE NOTE: It is essential that the above pre-admission form must be completed accurately before admission. Please ensure that your identity number is clearly indicated. /

NEEM KENNIS: Dit is belangrik dat bestaande voor-opname vorm voor u opname volledig voltooi moet word. U identiteitsnommer moet ook asseblief duidelik aangedui word.

.....
Signed / Handtekening

.....
Date / Datum

.....
Signed by / Geteken deur