

ADMISSION FORM

FOR OFFICE USE ONLY

Name			
Admission date		RE- Admission date	
Room no		Room no	
Discharged/Deceased		Discharged/Deceased	

DETAILS FOR COMPLETION ON ADMISSION

1. PERSONAL

Surname		Language	
First names		Age at first admission	
Address / cottage number		Sex	
		Marital status	
Tel no		Religion	
ID number		Minister	
Date of Birth		Tel no	
Date of life right registration / cottage occupation:			

2. MEDICAL

Admitting Doctor		Tel no	
Reason for admission			
Specialist Doctor		Tel no	
Medical aid		Membership no	
Chemist		Account no	

3. ACCOUNT TO BE PAID BY

Name		Tel no	
Address		Fax no	
		Email:	

4. NEXT OF KIN (LOCAL CONTACT)

Name		Relationship	
Address		Tel no	
		Cell no	
		Fax no	
Name		Relationship	
Address		Tel no	
		Cell no	
		Fax no	