advanced health
Affordable Quality Care

**Advanced Groenkloof Day Hospital**
Postnet Suite 668, Private Bag X1,
The Willows, 0041
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90 Florence Ribeiro & Totius street,
Bailey's Muckleneuk, Pretoria;
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groenkloof@advancedhealth.co.za
www.advancedhealth.co.za

Reg: 2012/050530/07
Pr Nr:077 000 0616427

# ADMISSION / PRE-ADMISSION

## PATIENT DETAILS

Title: | Initials: | No Blood Transfusion: ☐

First Name: | Blood Group:

Surname:

ID Number: | Passport No:

Gender: Male ☐ Female ☐ | Date of Birth:

Language: | Nationality:

Occupation: | Allergy:

Residential Address: | Postal Address:

Postal Code: | Postal Code:

Home Number:

Work Number: | Email Address:

Cellphone Number: | Date to be Admitted:

## EMPLOYER DETAILS (PERSON RESPONSIBLE FOR PAYMENT)

Employer Name: | Employer Tel:

Employer Address:

Postal Code:

## PATIENT NEXT OF KIN

Next of Kin Name: | Home Number:

Next of Kin Address: | Work Number:

Cell Number:

Relationship:

Postal Code:

Next of Kin ID number:

## ADDITIONAL CONTACT PERSON

Contact Name: | Telephone:

## PATIENT MEDICAL AID DETAILS

Medical Aid: | Scheme Option:

Medical Aid Number: | Dependant Code:

## PERSON RESPONSIBLE FOR ACCOUNT

Member Surname:

Member Full Names: | Member Email:

Member Title: | Member Initials:

Home Tel: | Work Tel:

Cellphone no.: | Fax no.:

Residential Address: | Postal Address:

Postal Code: | Postal Code:

Employer Name: | Employer Tel:

Employer Address:

Postal Code:

Occupation:

Member ID Number.: | Beneficiary Relationship: ☐ Self ☐ Spouse ☐ Child ☐ Other

Attending Doctor: | Authorization No:

Diagnosis Code / IDC 10 Code: | Primary CPT Doctors Codes:

## DETAILS OF ACCIDENT (IF APPLICABLE)

| | | | | | | |
|---|---|---|---|---|---|---|
| TYPE OF ACCIDENT: | MOTOR VEHICLE | | MOTOR CYCLE | | INJURED ON DUTY | |
| | DOMESTIC ACCIDENT | | SPORT INJURY | | OTHER | |
| Details of how the injury was sustained: | | | | | | |
| | | | | | | |
| | | | | | | |
| Patient / Guardian Signature: | | | | Date: | | |
| Main Member Signature: | | | | Date: | | |