

Medieseverslag (ingevul deur 'n Mediese Praktisyn) Medical Report (completed by a Medical Physician)

1) Naam & Van/Name & Surname: _____

2) Geboortedatum/Date of Birth: _____ Ouderdom/Age: _____

3) Algemene ondersoek / General examination:

	YES	NO	RISK	DETAILS OF ILLNESS
Alzheimer's Disease				
Asthma, Bronchitis, TB, Other Lung Disease				
Back/Neck Problems eg Whiplash/Arthritis				
Blood Pressure - high/low (treatment)				
Chemo/Radiation Therapy				
Cystic Fibrosis				
Depression/Psychiatric Disorders				
Diabetes				
Eating Disorder				
Epilepsy/Other Neurological or Muscular Disorders				
Excessive Bleeding after extractions/operations				
Fibromyalgia				
Gastric/Duodenal, Ulcer, Hiatus Hernia, Diarrhoea				
Genetic/Congenital History				
Heart Disease				
Jaundice/Other Liver Conditions eg Hepatitis				
Joint Pain				
Kidney/Bladder Disease				
Pacemaker/Heart Valve				
Porphyria (pl or family members)				
Recent Illness, i.e. Cough/Cold				
Steroids/Contraceptives/Cortisone				
Thyroid Condition				
Varicose Veins / Thrombosis of Veins/Circulations				
Is applicant a smoker/previous smoker?				
Any religious/cultural considerations eg blood?				

4) **Applikant se gesondheidstoestand (geskiedenis, simptome en vorige behandeling):**
Applicant's health condition (history, symptoms and previous treatment):

- 5) Bloeddruklesing / Blood pressure: _____
- 6) Hemoglobien konsentrasie / concentration (HB): _____
- 7) Bloedgroep / Blood group: _____
- 8) Gewig / Weight: _____ **kg**

9) Geestestoestand - Ly die applikant aan enige van die volgende?
 Mental Condition - Does the applicant suffer from any of the following?

- ➔ Depressie / Depression
- ➔ Alzheimersiekte / Alzheimer's Disease
- ➔ Demensie / Dementia
- ➔ Psigose/Neurose / Psychosis/Neurosis
- ➔ Skisofrenie / Schizophrenia
- ➔ Bipolêr / Bipolar
- ➔ Epilepsie / Epilepsy
- ➔ Intellektueel gestremd / Intellectually disabled
- ➔ Aggressiewe gedrag / Aggressive behaviour
- ➔ Middelaafhanklikheid / Substance dependency
- ✦ Spesifiseer bv. alkohol/medikasie / Specify ie alcohol/medication

10) Beskryf bogenoemde indien van toepassing en of inrigtingsorg belangrik is.
 Provide description of above where applicable and whether institutional care is vital.

(Indien nodig, laat pasient 'n psigiatriese verslag indien - veral Demensie)
(If necessary, have patient submit a psychiatric report - especially Dementia)

11) Het die applikant beheer oor sy/haar uitskeidingsfunksies? / Has the applicant control
 over her/his excretion functions?

12) Is enige kankergewasse gediagnoseer? (Beskryf asb.)
 Has any malignancy (cancerous) been diagnosed? (Please describe)

13) **Het die applikant probleme met / Has the applicant difficulties with:**

- ➔ Doofheid/Hearing
- ➔ Swak Sig/Poor Vision
- ➔ Spraak/Speech

14) **Ander toestande (Ly die pasient aan enige van die volgende?) :**

Other conditions (Does the patient suffer from any of the following?) :

- ➔ Rumatiek/Rheumatism
- ➔ Tabes dorsalis
- ➔ Vorige hemiplegie/Earlier hemiplegia
- ➔ Parkinsonisme/Parkinsons
- ➔ Aansteeklike siektes/Contagious diseases
- ➔ Chroniese osteo-artritis/Chronic osteo-arthritis
- ➔ Miopatie/Myopathy
- ➔ Velsiektes/Skin problems
- ➔ Serebrale atrofie/Cerebral atrophy
- ➔ Allergiee/Allergies ✦ **Spesifiseer / Specify**

15) **Het die applikant gereeld hulp nodig m.b.t. mobiliteit, kleding, voeding, medikasie en persoonlike higiene? (Beskryf asb.)**

Does the applicant require regular assistance i.t.o. mobility, dressing, feeding and personal hygiene? (Please describe)

Mobiliteit / Mobility:

Kleding / Dressing:

Voeding / Feeding:

Medikasie / Medication:

Persoonlike Higiene / Personal Hygiene:

16) **Is applikant / Is the applicant:**

- ➔ Permanent bedlêend? / Permanently bedridden?
- ➔ Rystoelgebonde? / Confined to a wheelchair?

17) **Chirurgiese Geskiedenis / Surgical History**

Tipe / Type	Jaar

18) Huidige medikasie (meld volledig asb.) / Current medication (full details please) :

Medikasie/Medication	Doses/Dosage


19) Hoe lank behandel u al hierdie applikant? / How long have you been treating this applicant?

20) Algemene opmerkings / General remarks:

Geneesheer Naam (Drukskrif)
Medical practitioner Name (Print)

Geneesheer (Handtekening)
Medical practitioner (Signature)

Datum / Date: _____

Adres / Address:  _____

Tel No:  _____