

 <p><i>Sorg sentrum Care facility</i></p>	<p>✉ BUITENKANTSTRAAT BRACKENFELL 7560</p> <p>☎ TEL: 021 - 980 5280</p> <p>📠 FAX: 021 - 982 1936</p> <p>Email: <a href="mailto:suster@klaradyncareunit.co.za">suster@klaradyncareunit.co.za</a> <a href="mailto:ontvangs@klaradyncareunit.co.za">ontvangs@klaradyncareunit.co.za</a></p>
--	--

Mediese verslag vir toelating  
Medical report for admission

1) Volle naam en van / Full name and surname:

.....

2) Ouderdom / age:

.....

3) Applikant se gesondheidstoestand (Geskiedenis, simptome en vorige behandeling):

Applicant's health condition (History, symptoms and previous treatment):

.....  
.....  
.....

4) Algemene ondersoek / General examinations:

4.1 Algemene liggaamlike toestand / General physical state

.....  
.....  
.....

4.2 Asemhalingstelsel / Respiratory system

.....  
.....  
.....

4.3 Hart- en bloedvatstelsel/ Cardio vascular system

.....  
.....  
.....

4.4 Bloeddruklesing / Blood pressure: ..... / .....

4.5 Hemoglobien konsentrasie / concentration (HB): .....

4.6 Bloedgroep / Blood group: .....

4.7 Gewig / Weight: .....

**4.8 Urinestelsel toestand (Urinetoets asb.)  
Urinary condition (Urine test please)**

.....  
.....  
.....

**4.9 Spysvertering en ander abdominale stelsels  
Alimentary and other abdominal systems**

.....  
.....  
.....

**4.10 Spier- en skeletstelsel (Meld enige afwykings)  
Muscular-Skeletal system (State abnormalities)**

.....  
.....  
.....

**4.11 Sentrale senustelsel / Central nervous system**

.....  
.....  
.....

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

- »» Depressie / Depression: .....
- »» Seniele demensie / Senile dementia: .....
- »» Psigose/Neurose / Psychosis/Neurosis: .....
- »» Skisofrenie / Schizophrenia: .....
- »» Bipoler / Bipolar: .....
- »» Epilepsie / Epilepsy: .....
- »» Intellektueel gestremd / Intellectually disabled: .....
- »» Aggressiewe gedrag / Aggressive behaviour: .....
- »» Middelaafhanklikheid (Spesifiseer, bv. Alkohol/medikasie) /  
Dependency (Specify, eg Alcohol/drugs)

.....  
.....

**Beskyf asseblief bogenoemde indien van toepassing en of inrigtingsorg belangrik is: /  
Give a description of the above conditions where applicable and whether institutional care is  
important:**

.....  
.....  
.....

**(Indien nodig laat pasient 'n psigiatriese verslag indien)**

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

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

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

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

.....  
.....  
.....

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

Doofheid/Hearing  Swak Sig/Poor Vision  Spraak/Speech

**4.16 Is enige kankergewasse gediagnoseer? (Beskryf asb.)**

**Has any malignancy (cancerous) been diagnosed? (Please Describe)**

.....  
.....  
.....  
.....

**4.17 Het applikant probleme met alkohol- dwelmmisbruik? (Beskryf asb.)**

**Has the applicant any history of alcohol or drug abuse? (Please Describe)**

.....  
.....

**4.18 Rook die applikant of het hy/sy gerook gedurende die laaste 5 jaar?**

**Does the applicant smoke or smoked during the last 5 years?**

.....

**4.19 Is applikant / Is the applicant:**

Permanent bedleend? / Permanently bedridden?   
Rystoelgebonde? / Confined to a wheelchair?

4.20

Het die applikant gereeld hulp nodig in verband met sy/haar mobiliteit, kleding, voeding, medikasie en persoonlike higiene? (Beskryf asb. volledig waar van toepassing)

Does the applicant require regular assistance in respect of mobility, dressing, feeding and personal hygiene? (Describe in detail if it is applicable)

Mobiliteit / Mobility: .....

Kleding / Dressing: .....

Voeding / Feeding: .....

Medikasie / Medication: .....

Persoonlike Higiene / Personal Hygiene: .....

5) Medisyne tans gebruik (Meld volledig asb.) / Present medication (full details please)

.....  
.....  
.....  
.....

6) Hoe lank behandel u al die pasient?  
How long have you been treating the patient? .....

7) Algemene opmerkings / General remarks:

.....  
.....  
.....  
.....  
.....  
.....  
.....

.....  
Geneesheer (Drukskrif)  
Medical practitioner (Print)

.....  
Geneesheer (Handtekening)  
Medical practitioner (Signature)

.....  
Datum / Date

Adres / Address: .....

Tel. No. ....





