

1. IMPORTANT INFORMATION / BELANGRIKE INLIGTING

Please complete all sections and return to Bestmed with compulsory pathology reports.
Fax 012 472 6780
Email: mhc@bestmed.co.za

Voltooi asseblief al die afdelings en stuur dit terug aan Bestmed vergesel van verpligtende patologiesverslae.
Faks 012 472 6780
Epos: mhc@bestmed.co.za

2. PARTICULARS OF PRINCIPAL MEMBER / HOOFID SE BESONDERHEDE

Surname Van

Initials Voorletters

Date of birth Geboortedatum

D	D	M	M	Y	Y	Y	Y
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Membership number Lidmaatskapnommer

Tel (W)

Tel (H)

Cell Sel

Fax Faks

E-mail E-pos

3. PARTICULARS OF THE APPLICANT / INLIGTING VAN DIE AANSOEKER

Surname Van

Initials Voorletters

Date of birth Geboortedatum

D	D	M	M	Y	Y	Y	Y
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Cell Sel

E-mail E-pos

Dependant code Afhanklike se kode

Patient e-GFR Pasiënt se e-GFR mL/min

6. MEDICAL HISTORY / MEDIËSE GESKIEDENIS

Please note: All questions in this medical history questionnaire must be answered with a yes or no. Where the answer is yes, please give full details of the matter concerned in the space provided.

Let asseblief op: Alle vrae in hierdie mediese geskiedenisvraelys moet met 'n ja of nee beantwoord word. Waar die antwoord ja is, verstrekk asseblief volledige besonderhede oor die betrokke aangeleentheid in die toepaslike ruimte.

Have you received any medical treatment, care or medical advice relating to any of the following conditions? Het u enige mediese behandeling, sorg of mediese advies met betrekking tot enige van die volgende toestande ontvang?	Mark with "X" Merk met "X"		Condition		Level/stage of illness, condition, nature of treatment, medication dosage and hospitalisation. Vlak/stadium van siekte, toestand, aard van behandeling, dosering van medikasie en hospitalisering.
			Date	Period	
Psychopathology e.g. Schizophrenia Psigopatologie bv. Skisofrenie	Yes/Ja	No/Nee			
Cerebrovascular disease, Peripheral vascular disease Serebrovaskulêre siekte, Perifere vaskulêre siekte	Yes/Ja	No/Nee			
Substance abuse Misbruik van gewoontevormende middels	Yes/Ja	No/Nee			
Metastatic malignancy Metastatiese maligniteit	Yes/Ja	No/Nee			
Viable transplant candidate Gesikte oorplantingskandidaat	Yes/Ja	No/Nee			
HIV Positive MIV Positief	Yes/Ja	No/Nee			
Chronic lung disease Chroniese longsiekte	Yes/Ja	No/Nee			
Diabetes Diabetes	Yes/Ja	No/Nee			
Other Diseases Ander Siektes	Yes/Ja	No/Nee			
Please specify other: Spesifiseer asseblief ander:					

Signature of applicant / Aansoeker se handtekening

Date
Datum

D	D	M	M	Y	Y	Y	Y
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7. INITIATION QUESTIONNAIRE / INISIËRINGSVRAELYS

Please complete if e-GFR > 6mL/min and < 15mL/min Voltooi asseblief indien e-GFR > 6mL/min and < 15mL/min	Mark with "X" Merk met "X"		Comment Kommentaar
Symptoms or signs of uraemia / Simptome of tekens van uremie	Yes/Ja	No/Nee	
Diuretic resistant fluid overload / Diureties weerstandige vloeistofoorlading	Yes/Ja	No/Nee	
Poorly controlled blood pressure / Swak gekontroleerde bloeddruk	Yes/Ja	No/Nee	
Evidence of malnutrition / Tekens van wanvoeding	Yes/Ja	No/Nee	

8. CLINICAL QUESTIONNAIRE / KLINIESE VRAELYS

Reason for kidney failure Rede vir nierversaking				
Current medicine Huidige medikasie				
ICD-10 code(s) ICD-10 kode(s)		Previous acute dialysis Vorige akute dialise	Yes/Ja	No/Nee
Start date Begindatum		End date Einddatum		

9. TYPE OF DIALYSIS / TIPE DIALISE

Type of Dialysis / Tipe Dialise	Mark with "X" / Merk met "X"	
Chronic Haemodialysis / Chroniese Hemodialise	75148	
Continuous Ambulatory Peritoneal Dialysis / Volgehoue Ambulante Peritoneale Dialise	75176	

10. COMMENTS / KOMMENTAAR
