

VOOR OPNAME VORMS
PRE-ADMISSION FORMS

INDEKS: VOLTOOIING VAN MEDIESE VORM

INDEX: COMPLETION OF MEDICAL FORM

PERSOON/PERSON	BLADSY/PAGE
MEDIESE DOKTER/PSIGIATER MEDICAL DOCTOR/PSYCHIATRIST	

Stuur vorms asseblief terug aan:

Return form to:

Die Opname Koördineerder /Admission Co-ordintor

Telefoon: 021 939-2033

Ramot

Faks/Fax: 086 586 0592

Tonerstraat 54/ Toner Street 54

E-pos/E-mail: opnames@ramot.co.za

PAROW-OOS/ PPROW EAST

7500

**RAMOT REHABILITATION CENTRE FOR SUBSTANCE ABUSE
RAMOT REHABILITASIE SENTRUM VIR MIDDEL-AFHANKLIKHEID**

**HEALTH STATUS REPORT TO BE COMPLETED BY A GENERAL PRACTITIONER / PSYCHIATRIST
GESONDHEID-STATUS VERSLAG VIR VOLTOOING DEUR 'N ALGEMENE PRAKTISYN/PSIGIATER**

**Dear doctor, kindly complete this document and respond to each question in full.
Beste dokter, voltooi asseblief hierdie dokument en respondeer volledig op elke vraag**

Naam & van pasiënt Name & Surname of patient		Ouderdom Age		Gewig Mass		Lengte	
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Is die pasiënt bekend aan u? Are you acquainted with the patient?	Indien ja? Wanneer en waarvoor het die pasiënt u besoek? If yes? When and why did the patient visit you?	Datum Date
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Rede / Reason

Was die pasiënt voorheen gehospitaliseer? Has the patient previously been hospitalized?	Indien ja? wanneer If yes? When and the reason for the visit?	Datum Date
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Rede / Reason

Is die pasiënt huidig op behandeling? Is the patient currently undergoing medical treatment?	Diagnose / Diagnosis	Behandeling/Treatment
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Chirurgiese Geskiedenis Surgical History	Jaar Year		Chirurgiese ingreep Surgical intervention		Indikasie indication	

Mediese Geskiedenis/Medical History	Jaar Year		Diagnose /Diagnosis	Behandeling / Pharmacotherapy

Is the Patient Pregnant? If yes, how many months? / Is die pasiënt swanger?
If Pregnant, a referral letter form Gynecologist is requested.

Vitale tekens/Vital tekens		Ondersoeke/Examinations	
Bloeddruk/Blood Pressure	/ mmHg	Urine/Urine	
Pols/Pulse	/per minute	HGT	
Respirasie/Respiration	/ per minute	Sentraal Senuwee Stelsel /CNS	
Temperatuur/ Temperature	°C	Kardio-pulmonale Sisteem /Cardio-pulmonary system	
		Endokrien Stelsel /Endocrine system	
		Immuun Sisteem/Immune system	
		Uro-genitale Stelsel/Uro-genital system	
		Muskulo-skeletale Sisteem/Sisteem	
		Integumentêre Sisteem/Integumetary system	

Nature of the patient's addiction problem

Do you recommend that the patient be admitted to Ramot Rehabilitation Centre? (Yes/No)

Name:	Practice Number:	Signature:
Address:	Telephone Number:	Date: