



**Barbara Pretorius Physiotherapist**  
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**WELCOME TO BARBARA PRETORIUS PHYSIOTHERAPIST  
PLEASE WRITE CLEARLY**

**PATIENT DETAILS**

NAME & SURNAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ CODE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_ CODE: \_\_\_\_\_

TEL HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF INJURY ON DUTY: \_\_\_\_\_

**MAIN MEMBER OF MEDICAL SCHEME / PERSON RESPONSIBLE FOR ACCOUNT DETAILS**

(Please note that all adults are responsible for their own accounts, even if they are dependents on someone else's scheme)  
(Children's guardian will be responsible for their account)

MEDICAL AID NAME: \_\_\_\_\_

FULL NAME OF MAIN MEMBER/NAME OF PERSON RESPONSIBLE FOR ACCOUNT:

\_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_ PATIENT CODE: \_\_\_\_\_

ID NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMPLOYER AND WORK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**PLEASE CONTACT THE FOLLOWING PERSON IN CASE OF AN EMERGENCY:**

NAME: \_\_\_\_\_ TEL NO: \_\_\_\_\_

I HEREBY ACCEPT THAT EMAIL / SMS MESSAGES MAY BE SENT TO ME IN ORDER TO CONFIRM  
APPOINTMENTS AND CONVEY INFORMATION OF THE PRACTICE AND MY HEALTHCARE YES NO

Continue writing on the back

