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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