

B
 PASIENT VAN :
 PATIENT SURNAME :
 VOLLE VOORNAME :
 FIRST NAMES :

 GEB. DATUM :
 BIRTH DATE :

 MEDIESE FONDS :
 MED FUND :

 OPSIE :
 OPTION :

 NOMMER :
 NUMBER :

 MAGT No :
 AUTH Nr :

 GAPINGDEKKING :
 GAP COVER :

 VAN :
 SURNAME :

 TITEL :
 TITLE :

 VOORLETTERS :
 INITIALS :

 POSADRES :
 POSTAL ADDRESS :

 epos :
 email :

 POS KODE :
 POSTAL CODE :

I.D. No :

 SEL :
 CELL :

 TEL HUIS :
 TEL HOME :

 TEL WERK :
 TEL WORK :

 FAKS :
 FAX :

 WOONADRES :
 RES. ADDRESS :

 WERKGEWER :
 EMPLOYER :

 ADRES :
 ADDRESS :

 FAMILIE/VRIEND :
 FAMILY/FRIEND :

 epos :
 email :

TEL:

 KOSTE BERAMING :
 COST ESTIMATE :

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HOSPITAAL :

VR

DAT.

CHIRURG :

0173	0145	0146
0147	0151	

PROSEDURE :

KODE :

NARKOSETYD : VAN :

TOT :

MIN

0011

ASA	0039	MIN
543		

ICD 10

0109	544
0026	1204
0032	1215
0034	1218
0038	1220
0042	1221
0043	1780
0044	2800
0019	2801
0018	2802
	2804
	5103

AMPTELIK OFFICIAL

 PLAK HOSPITAAL PLAKKER HIER
 PASTE HOSPITAL STICKER HERE

Dr. No.

No.

NARKOSEVORM ANAESTHESIA FORM



LEES ASSELBLIEF AFDELINGS A, B, C & D, VUL GEGEWENS IN, TEKEN ONDER EN OORHANDIG AAN DIE ANESTESIOLOOG.
L.W. AFDELING C MOET INGEVUL WORD DEUR DIE REKENINGPLIGTIGE.

PLEASE READ AND COMPLETE SECTIONS A, B, C & D, SIGN BELOW AND HAND TO THE ANAESTHESIOLOGIST.
N.B. SECTION C MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE ACCOUNT.



OOREENKOMS TUSSEN DIE ANESTESIOLOOG EN PASIËNT AGREEMENT BETWEEN THE ANAESTHESIOLOGIST AND PATIENT

PASIËNT :

- A1. Ek begryp dat 'n insidentvrye narkose nie gewaarborg kan word nie.
- A2. Ek begryp dat teateroerusting en -personeel deur die hospitaal verskaf word. Narkosetoerusting word daaglikse getoets.
- A3. Ek onderneem om nie alkohol te gebruik, 'n motorvoertuig te bestuur of enige gevaarlike toerusting te hanteer, belangrike besluite te neem of dokumente te onderteken vir 'n tydperk van 24 uur na narkose toegedien is nie.
- A4. Ek verleen toestemming dat my persoonlike inligting bekend gemaak mag word aan belanghebbende instansies, soos deur die wet bepaal, asook anonieme data van 'n kliniese en praktykbesturende aard wat tot die bevordering van die pasiënt se welstand mag bydra.

Ek het bostaande gelees, begryp en aanvaar die voorwaardes soos uiteengesit. Hiermee gee ek toestemming vir narkose vir myself en/of afhanklike.

GETEKEN:

DATUM:

BETALING :

- A5. U narkose rekening is totaal onafhanklik van enige ander rekening wat deur die hospitaal of chirurg uitgereik word.
- A6. Die koste (beraming) vir die narkose is met my bespreek.
- A7. Die koste (beraming) soos uiteengesit in deel C is gebaseer op hoe lank die prosedures sal duur en mag verander weens onvoorsiene omstandighede of onverwagse komplikasies.
- A8. U is persoonlik verantwoordelik vir betaling van u rekening en nie u mediese fonds nie. U mediese fonds mag dalk nie die hele bedrag dek nie, afhangende van die mediese fonds en die plan/opsie wat u gekies het.
- A9. Sou u rekening oorhandig word vir invordering, sal rente van 2% per maand gehew word op alle agterstallige bedrae. Alle koste verbonde aan die invordering sal van u verhaal word teen prokureur en kliënt skaal.

Ek het bostaande gelees, begryp en aanvaar die voorwaardes soos uiteengesit. Hiermee gee ek toestemming vir narkose vir myself en/of afhanklike.

GETEKEN:

DATUM:

PATIENT :

- A1. I understand that no one can guarantee an incident free anaesthetic.
- A2. I understand that there are equipment and theatre staff supplied by the hospital. Anaesthetic equipment is checked on a daily basis.
- A3. I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or sign contracts for 24 hours after recovering from anaesthesia.
- A4. I agree to allow my personal data to be forwarded to the relevant organizations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patient's healthcare experience.

I have read, understood and agree to the conditions mentioned above. I hereby give permission for anaesthesia on myself and/or my dependant.

SIGNED:

DATE:

PAYMENT:

- A5. Your anaesthetic account is rendered completely independently from the accounts rendered by the hospital and surgeon.
- A6. The make up of the cost estimate for the anaesthetic service has been discussed with me.
- A7. The cost estimate as set out in section C is time-based and may change as a result of unforeseen circumstances and unexpected complications
- A8. You are personally responsible for payment and not your medical scheme. Your medical scheme may not cover the full amount on your account, depending on the medical scheme and the plan/option which you have chosen.
- A9. Should your account be handed over for collection, interest will be charged at 2% per month on all outstanding amounts. All costs incurred to collect the arrears will be for your account on attorney and client scale.

I have read, understood and agree to the conditions mentioned above. I hereby give permission for anaesthesia on myself and/or my dependant.

SIGNED:

DATE:



HAS THE PATIENT HAD THE FOLLOWING
HET DIE PASIËNT DIE VOLGENDE GEHAD

YES

NO

DETAILS
BESONDERHEDE

Previous anaesthetics (if so, when ?) Vorige narkose (indien wel, wanneer ?)		
Problems with previous anaesthetics (details) Probleme met vorige narkose (besonderhede)		
Any family member with anaesthetic problems (what ?) Enige familielid met narkose probleme (wat ?)		
Allergy / unusual reaction to medicines (which ?) Allergie / vreemde reaksie op medisyne (watter ?)		
Are you taking any medication / pills ? (names) Neem u enige medikasie / pille ? (name)		
Cortisone treatment in the past 12 months Kortisoonebehandeling in die afgelope 12 maande		
High blood pressure Hoë bloeddruk		
Asthma, bronchitis or emphysema Asma, brongitis of emfiseem		
Heart disease(e.g.chest pain, heart attack, rheumatic fever) Hartsiekte (bv. borspyn, hartaanval,umatiekoors.)		
Recent cold, cough or flu Onlangse verkoue, hoes of griep		
Diabetes or thyroid problems Suikersiekte of skildklier probleme		
Jaundice or hepatitis (if so, when ?) Geelsug of hepatitis (indien wel, wanneer ?)		
Kidney- or bladder disease Nier- of blaassiekte		
Muscle weakness or stroke Spierswakheid of beroerte		
Tendency to bleed or bruise Bloei of kneus maklik		
Previous thrombosis / embolism (legs / lungs ?) Vorige trombose / embolisme (bene / longe ?)		
Epileptic convulsions or blackout of any sort Epileptiese aanvalle of floutes van enige aard		
Are you pregnant ? (if so, how far ?) Is u swanger ? (indien wel, hoe ver ?)		
False, loose or crowned teeth (if so, where ?) Vals, los of gekroonde tande (indien wel, waar ?)		
Alcohol consumption Alkohol verbruik		
Do you smoke ? (if so, how many per day ?) Rook u ? (indien wel, hoeveel per dag ?)		
Porphyria, malignant hyperthermia or scoline apnoea Porfirie, maligne hipertermie of scoline apnee		
Do you use any herbal medicine ? Gebruik u enige kruiemedisyne ?		
When did you last eat and / or drink ? Time Wanneer het u laas geëet en / of gedrink ? Tyd	Weight: Gewig:	Kg Height: Lengte:
Is there anything else your anaesthesiologist should know ? Is daar enigiets anders wat u anestesiooloog behoort te weet ?		M

FOR MORE INFORMATION :
VIR MEER INLIGTING :

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