

SPECIALIST SURGEON / SPESIALIS CHIRURG

Account Number Rekening Nommer		
1 PATIENT DETAILS / PASIËNT BESONDERHEDE		
Surname Van	First Name Voornaam	Mr/Mrs/Miss Mnr/Mev/Mej
Date of Birth Geboortedatum	I.D. Number I.D. Nommer	
Occupation Beroep	Home Language Huistaal	Marital Status Huwelikstatus
Tel. (H)		Tel. (B)
Cell Sel		E-mail E-pos

2 PERSON RESPONSIBLE FOR ACCOUNT / PERSOON VERANTWOORDELIK VIR REKENING		
Full Name Volle Name		Mr/Mrs/Miss Mnr/Mev/Mej
Home Address Woonadres		Code Kode
Postal Address Posadres		Code Kode
Employer Werkgewer		
Work Address Werksadres		Code Kode
Tel. (H)	Tel. (B)	Cell Sel

3 MEDICAL AID / MEDIESE FONDS		
Name Naam		Number Nommer
Member's Name Hooflid se Naam		
Tel. (H)	Tel. (B)	Cell Sel

4 NEAREST FAMILY/FRIEND / NAASTE FAMILIE/VRIEND		
Name Naam		Relationship Verwantskap
Address Adres		Code Kode
Tel. (H)	Tel. (B)	Cell Sel

5 REFERRED BY / VERWYS DEUR	
Name Naam	Tel

6 G.P. / HUISARTS		
Name Naam		
Physical Address Fisiese Adres		Code Kode
Tel. (H)	Tel. (B)	Cell Sel

7 LETTERS / BRIEWE							
Date Datum	Doctor Dokter	Dictated Gedikteer	Sent Gestuur	Date Datum	Doctor Dokter	Dictated Gedikteer	Sent Gestuur

8 OTHER / ANDER

9 DATE OF FIRST VISIT DATUM VAN EERSTE BESOEK

0
1
2
3
4
5
6
7
8
9

HISTORY / GESKIEDENIS

MAIN COMPLAINT HOOFKLAGTE
HISTORY THEREOF GESKIEDENIS DAARVAN

HISTORY / GESKIEDENIS

CONGENITAL KONGENITAAL
ALLERGIES ALLERGIË
ILLNESSES ONGESTELDHEDE
SMOKING HABITS ROOKGEWOONTE
ALCOHOL USE ALKOHOLGEBRUIK
MEDICATION MEDIKASIE

PAST SURGICAL HISTORY / VORIGE MEDIESE GESKIEDENIS

OPERATION OPERASIE
DATE DATUM
OPERATION OPERASIE
DATE DATUM
OPERATION OPERASIE
DATE DATUM
OTHER ANDER

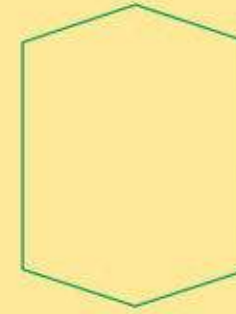
SYSTEM REVIEW / STELSEL OORSIG

GIT
RESPIRATORY ASEMHAAL
CARDIOVASCULAR KARDIOVASK
UROGENITAL - LMP URO/GENITAAL
ENDOCRINE/BLEEDING ENDOKRIENE/BLOEDING
OTHER ANDER

GENERAL EXAMINATION / ALGEMENE ONDERSOEK

COLOUR KLEUR		WEIGHT GEWIG		HEIGHT HOOGTE	
NUTRITION VOEDING					

LOCAL LESIONS / OPPERVLAK MERKE

EXAMINATION / ONDERSOEK**ABDOMEN
BUIK**

PR _____

Proctos _____

Sigmoidos _____

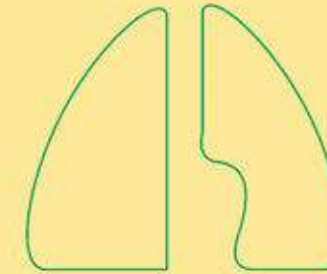
PV _____

Scrotum _____

**CVS
KARDIOVASK**

BP _____ PR _____

JVP _____ ANKLES
ENKELS _____

**HEART SOUNDS
HARTGELUIDE****HEART SIZE
HART GROOTTE****RESP****TRACHEA****AANMERKING
REMARKS****KOP EN NEK
HEAD AND NECK****BREASTS
BORSTE**

Thyroid _____

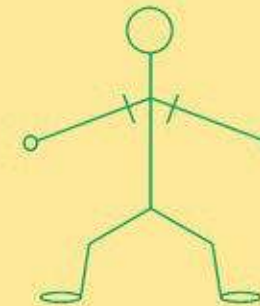
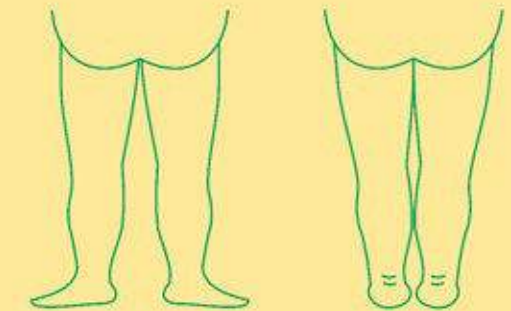
Nodes _____

Oraal _____

Oral _____

Ander _____

Other _____

PVS**ARE
VEINS**

ONDERSOEK:
INVESTIGATION: _____

PLAN/ P_x _____ DATUM
DATE _____

RESULTS / UITSLAE

**DATE
DATUM**

X-RAYS X-STRALE	
SCANS	
O/G SCOPE	
B'SCOPE	
BIOPSY/CYTOLOGY	
OTHER/ECG	

BLOOD TESTS / BLOEDTOETSE

DATES/DATUM						DATES/DATUM					
Hb						Total Bilirubin					
Hcrit						Direct					
WCC						ALK Phos					
Platelets						γ GT					
ESR						ALT					
PI						AST					
Blood Tranfn.						Protein					
Hep B						Albumin					
HIV						GASES					
Na ⁺						PH					
K ⁺						PO ₂					
Cl						PCO ₂					
CO ₂						HCO ₂					
Urea						THYRIOD					
Creat						T3					
Amylase						T4					
Blood Glucose						TSH					
Ca ⁺⁺						Abs					
PO ₄ ⁺⁺											
Mg ⁺⁺											

FINAL DIAGNOSIS
FINALE DIAGNOSE _____

TREATMENT DATE
BEHANDELINGSDATUM _____

DATE
DATUM _____