

**VOOR OPNAME VORMS**  
**PRE-ADMISSION FORMS**

**INDEKS: VOLTOOIING VAN MEDIESE VORM**

**INDEX: COMPLETION OF MEDICAL FORM**

<b>PERSOON/PERSON</b>	<b>BLADSY/PAGE</b>
<b>MEDIESE DOKTER/PSIGIATER</b> <b>MEDICAL DOCTOR/PSYCHIATRIST</b>	

**Stuur vorms asseblief terug aan:**

**Return form to:**

Die Opname Koördineerder /Admission Co-ordinator

Telefoon: 021 939-2033

Ramot

Faks/Fax: 086 586 0592

Tonerstraat 54/ Toner Street 54

E-pos/E-mail: [opnames@ramot.co.za](mailto: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**

<b>Naam &amp; van pasiënt Name &amp; Surname of patient</b>		<b>Ouderdom Age</b>		<b>Gewig Mass</b>		<b>Lengte</b>	
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	
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	
Rede / Reason							
<b>Is die pasiënt huidig op behandeling? Is the patient currently undergoing medical treatment?</b>				<b>Diagnose / Diagnosis</b>		<b>Behandeling/Treatment</b>	
<b>Chirurgiese Geskiedenis Surgical History</b>		<b>Jaar Year</b>	<b>Chirurgiese ingreep Surgical intervention</b>		<b>Indikasie indication</b>		
<b>Mediese Geskiedenis/Medical History</b>		<b>Jaar Year</b>	<b>Diagnose /Diagnosis</b>		<b>Behandeling / Pharmacotherapy</b>		
<b>Is the Patient Pregnant? If yes, how many months? / Is die pasiënt swanger? .....</b> <b>If Pregnant, a referral letter form Gynecologist is requested.</b>							
<b>Vitale tekens/Vital tekens</b>				<b>Ondersoeke/Examinations</b>			
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/Integumentary system			
<b>Nature of the patient's addiction problem</b>							
<b>Do you recommend that the patient be admitted to Ramot Rehabilitation Centre? (Yes/No)</b>							
<b>Name: Address:</b>		<b>Practice Number: Telephone Number:</b>			<b>Signature: Date:</b>		