



SAVF HUIS SILVERSIG

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- **Moet deur 'n Mediese Praktisyn voltooi word**
- **Must be completed by a Medical Practitioner**

MEDIESE PRAKTISYN / DOCTOR

Naam in drukskrif / Name in print

Telefoonnommer / Telephone Number

Buitepasiënt / Out patientHOSPITAAL / HOSPITAL

APPLIKANT SE BESONDERHEDE

APPLICANT'S DETAILS

Van en Voorname

Surname and First Names

Identiteitsnommer

Identity Number

Ouderdom

Age

Manlik / Male

Vroulik / Female

Lengte Length		Gewig Weight		
Allergië Allergies				
Operasies (tipe en jaar) Operations (tipe and year)				
Sig Sight	Swaksiende Poor eye sight	Katarakte Cataracts	Retinitis Pigmentosa	Gloukoom Glaucoma

Gehoer Hearing		Sensories doof Sensory deafness	Hardhorend Hard of hearing	Gehoorapparaat Hearing aid
Vel Skin	Littekens / Wonde Scars / Wounds	Uitslag / Jeuk Rash / Itch	Ekseem Eczema	Psoriase Psoriasis
Kardiovaskulêr Cardiovascular		Bloeddruk Blood pressure		Pols Puls
Perifere sirkulasie Periphery circulation				
Sianose Cyanosis				
Hart probleme Heart problems		Pasaangeër Pace maker	KHV CCF	Hartblok Heart Block
Ander long probleme Other lung problems				
Spysvertering Digestive		Diafragma breuk Hiatus hernia	Peptiese ulkus Peptic ulcer	Hardlywigheid Constipation
Lewer / Gal / Pankreas / Milt Pancreas / Gall / Pancreas / Spleen				
Urogenetaal Urogenital		Urine toets Urine test		
Inkontinensie Incontinence				
Prostaat Prostate				
Ginekologies Gynecological				
Skelet-Spierstelsel Muscular-Skeletal		Artritis Arthritis	Spasties Spastic	Vervormd Deformity
Ambulant Ambulant	Rolstoel Wheelchair	Bedlêend Bedridden	Osteoporose Osteoporosis	Frakture Fractures
Ander Ortopediese probleme Other Orthopedic problems				
Limf en Klierre Lymph and Glands		Borste Breasts	Tiroïd Thyroid	Ander Other
Senuwestelsel Nervous System		Bewerig Tremors	Duiseligheid Dizziness	Hoofpyne Headaches
Epilepsie Epilepsy		Perifere Neuropatie Perifery Neuropathy		
Ander probleme Other problems				
Psigiatriese evaluasie Psychiatric Evaluation		Geheue Memory		Orientasie Orientation
Depressie Depression		Selfmoond pogings Suicide attempts		Selfmoond gedagtes Suicidal thoughts
Demensie Demensia				
Psigose		Huidiglik		Vantevore

Enige verdere aanbevelings

Any further recommendations

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Dokter se Handtekening
Doctor's Signature

Datum / Date

