

SANDHURST EYE CENTRE

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Admission Questionnaire

PATIENT DETAILS

Relationship:	
Surname:	
Initials:	Title:
First Names:	
Residential Address:	
	Code:
DOB:	Age:
ID:	Religion:
Cell/Phone:	Occupation:
Email:	

OFFICE USE ONLY

Admission Date:	Time:
Medical Aid Confirmation:	
Proc. Code:	
Diagnosis:	
Surgeon:	
Assistant:	
Anaesthetist:	

NEXT OF KIN DETAILS

Name:	
Address:	
	Code:
Relationship:	
Telephone Number:	

PAYMENT

Receipt No:	Date:
Amount:	Cash/Cheque/Card

MEDICAL AID MEMBER (Account Holders Details)

Members Surname:	
Name:	Title:
Postal Address:	
	Code:
Residential Address:	
	Code:
Home Phone:	Work:
Employer Name:	
Employer Address:	
Occupation:	
Name of Medical Aid:	
Medical Aid Number:	
Members ID:	
Plan:	

NOTES

DISCHARGE

Date:	Time:
Deposit:	Tel: TV:
Telephone A/C:	
Amount:	Paid: M/A:
Valuables Rec/Ret:	

WESTSIDE TRADING (812) PTY LTD
Trading as

SANDHURST EYE CENTRE

CONDITIONS OF ADMISSION, GUARANTEE AND INDEMNITY

I, the undersigned, request the admission of the aforesaid patient to the above institute and hereby acknowledge:

1. That I am responsible for payment in accordance with the tariff of charges of Westside Trading (812) Pty Ltd, including pharmaceutical charges and subsequent amendments thereto:
2. That all charges and disbursements reflected on my account are payable on presentation or advance thereof.
3. That in the event of any repudiation or non-payment for any reason whatsoever of my account by my medical aid scheme/workman's compensation commissioner/agent or guarantor, I am fully responsible for the immediate payment thereof. I further acknowledge that Westside Trading (812) Pty Ltd reserves the right to convert tariff of charges reflected on my account to private rates if applicable.
4. That neither Westside Trading (812) Pty Ltd nor its employees and/or agents shall be responsible for the loss of any money, valuables, personal effects or other property belonging to or in the possession of the patient.
5. That I further undertake not to institute any claim against Westside Trading (812) Pty Ltd and hereby indemnify Westside Trading (812) Pty Ltd against and shall not hold it responsible for any damages suffered by me or by the above mention person.
 - i. In consequence of the use of any appliance, electrical or otherwise, by my doctor or by any member of staff or Westside Trading (812) Pty Ltd against and shall not hold, acting under the supervision of, or in accordance with the instruction of such doctor, and
 - ii. In consequence of any operation or any treatment or of the administering of any Anaesthetic or medicine, where by such doctor or any doctor or any person by any member of staff of the Westside Trading (812) Pty Ltd, acting under the supervision of such doctor or under his authority.
6. That I hereby authorise the staff and/or any agent of Westside Trading (812) Pty Ltd or doctor attending, to disclose the nature of the illness or any operation or procedure performed on such patient to the medical scheme/guarantor only for the purpose of claiming the cost of the hospitalisation/medication.
7. I choose my above residential address as my condominium citandi et executandi and undertake to give notice of any changes of address.
8. Shall I fail to pay, I accept liability for payment of all legal costs, including attorney and client fee collection costs and tracing fees. I also accept liability for payment of the interest at a bank overdraft rate on all arrears account due.
9. That I have read this document and am fully aware of the terms and conditions hereof and that above conditions are in accordance with South African Law.

Signed At: _____ This _____ Day of _____ Year _____

Signature of Patient: _____ Full Name of Signatory: _____

Signature of Parent, Guardian or Person who admits the patient, if under age,

Hereby Accepting Liability for The payment of the patients medical costs: _____

Witness: _____