

ST FRANCIS CARE CENTRE

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APPLICATION FORMS FOR PALLIATIVE CARE ADMISSIONS

PATIENTS DETAILS:

Admission Date.....Time.....

Surname:.....First Name.....ID.NO.....

Date of Birth.....AgeMarital Status: S/M,-CIVIL /W/D C/R.....Gender.....

Home Address:.....

Place of Birth.....Smoker: Yes...No...Alcohol: Yes...No...Social/Problematic? Yes.....No.....

Occupation.....Standard of Education.....

Religion.....Baptised: Yes.....No.....

Dependent children: Names & Ages.....

Left in Whose careOther Dependants.....

Next of Kin Name.....Relationship.....contact.....

Address.....

Basic Fee: Admission fee-R150.00 Thereafter R200 Per Day.

Do you receive a disability grant? Yes.....No.....if no have you applied for one? Yes.....No.....

If patient is discharged, who will collect the patient?.....

Patient Referred By.....

Signature of patient or responsible person.....

Signature of Admitting officer/Prof Nurse.....

Contact details of the people who are not staying with patients

1. NameContact.....Address.....

2. NameContact.....Address.....

Please note that this completed form must be returned together with the attached medical report and an acceptance obtained before patient arrival.