

## ST FRANCIS CARE CENTRE

Address: 30 Olivia Road, Eveleigh, Boksburg.

Tel 011 894 4151 / 0824658726 (Matron)

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### APPLICATION FORMS FOR RESPITE CARE ADMISSIONS

#### PATIENTS DETAILS:

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

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

Date of Birth.....Age .....Marital 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 care .....Other Dependants.....

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

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 for payment.....

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

#### **Contact details of the people who are not staying with patients**

1. Name .....Contact.....Address.....

2. Name .....Contact.....Address.....

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