



ST. FRANCIS CARE CENTRE



Tel: 011 894-4151

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BOKSBURG
St Francis Care Centre
PostNet Suite # 125
Private Bag X1
East Rand
1462

REGISTRATION NO: 011-441 NPO
PR.NO. 079 0000470546
VAT NO: 4490178623
PBO NO: 18/11/13/3746

APPLICATION FORMS FOR PALLIATIVE CARE ADMISSION

PATIENTS DETAILS:

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

Surname:.....First..Name.....

ID.NO.....Cell no.:.....

Date of Birth.....Age.....Gender.....

Marital Status:S/M,-Civil/W/DC/R.....

.....

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.....

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

Address.....

Do you receive a SASSA 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.Name.....Contact.....Address.....

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

Basic Fee: Admission Fee: R300.00(Once off)

Thereafter Fee R225.00 Per Day

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