

**DR WILLEM DU TOIT ING/INC**

ORTOPEDIESE CHIRURG : SKOUER CHIRURGIE

ORTHOPAEDIC SURGEON : SHOULDER SURGERY

MB Ch B (Pret), Dip. PEC (SA) M MED (UOVS), FCS (SA) Panorama Mediclinic Annex

Direkteur/Director Dr WJ Du Toit Hennie Winterbach Rylaan

Maatskappy/Company no. 1998/013581/21 PANORAMA

Praktyk nr./Practice no.: 2806290 7500

www.drwillemdutoit.co.za

Tel: (021) 930 1733

PATIENT INFORMATION FORM | PASIËNTINLIGTINGSVORM

Please select the appropriate option below | *Kies asseblief die toepaslike opsie hieronder:*

€ I am a new patient (please complete all below sections)

*Ek is 'n nuwe pasiënt (voltooi al die onderstaande afdelings)*

€ I am an existing patient and wish to update my details (please complete only those sections that need to be updated)

*Ek is 'n bestaande pasiënt en wil my besonderhede opdateer (voltooi slegs die gedeeltes wat opgedateer moet word)*

|  |
| --- |
| **Patient details | *Pasiënt besonderhede*** |

|  |  |  |
| --- | --- | --- |
| Full name and Surname | *Volle naam en Van* |  | |
| ID number | *ID nommer* |  | |
| Nationality | *Nasionaliteit* |  | |
| Sex | *Geslag* |  | |
| Language | *Taal* | € English € *Afrikaans* | |
| Email address | *E-pos adres* |  | |
| Address (h) | *Adres (h)* |  | |
|  |  | Postal code | *Poskode:* |
| Postal address | *Posadres* |  | |
|  |  | Postal code | *Poskode:* |
| Telephone number (h) | *Telefoonnommer (h)* |  | |
| Cell phone number | *Selfoonnommer* |  | |
| Employer | *Werkgewer* |  | |
| Profession | *Beroep* |  | |
| Address (w) | *Adres (w)* |  | |
|  |  | Postal code | *Poskode:* |
| Telephone number (w) | *Telefoonnommer (w)* |  | |

|  |
| --- |
| **Patients under the age of 18 | *Pasiënte onder die ouderdom van 18*** |

|  |  |
| --- | --- |
| Mother’s name | *Moeder se naam* |  |
| Mother’s tel number | *Moeder se tel nommer* |  |
| Mother’s email address | *Moeder e-pos adres* |  |
| Father’s name | *Vader se naam* |  |
| Father’s tel number | *Vader se tel nommer* |  |
| Father’s email address | *Vader e-pos adres* |  |
| School | *Skool* |  |

By signing this form, you hereby consent that your parent(s) or guardian(s) may be present at the consultation and that they may share your information with the practice.

*Deur hierdie vorm te onderteken, stem u hiermee in dat u ouer(s) of voog(de) by die konsultasie teenwoordig mag wees* *en dat hulle u inligting met die praktyk kan deel.*

|  |
| --- |
| **Medical aid details | *Mediese fonds besonderhede*** |

|  |  |
| --- | --- |
| Medical aid | *Mediese fonds* |  |
| Membership number | *Lidmaatskapommer* |  |
| Option of plan | *Opsie van plan* |  |
| Dependent number | *Nommer van afhanklike* |  |
| Do you have Gap cover? | *Het u Gapingsdekking?* | € Yes | *Ja* € No | *Nee* |
| Underwriter | *Onderskrywer* |  |
| Reference number | *Verwysingsnommer* |  |

|  |
| --- |
| **Main member details | *Hooflid besonderhede*** |

€ Same as patient details/*Dieselfde as pasiënt besonderhede*

|  |  |  |
| --- | --- | --- |
| Full name | *Volle naam* |  | |
| ID number | *ID nommer* |  | |
| Nationality | *Nasionaliteit* |  | |
| Sex | *Geslag* |  | |
| Language | *Taal* | € English € *Afrikaans* | |
| Email address | *Epos adres* |  | |
| Address (h) | *Adres (h)* |  | |
|  |  | Postal code | *Poskode:* |
| Postal address | *Posadres* |  | |
|  |  | Postal code | *Poskode:* |
| Telephone number (h) | *Telefoonnommer (h)* |  | |
| Cell phone number | *Selfoonnommer* |  | |
| Employer | *Werkgewer* |  | |
| Profession | *Beroep* |  | |
| Address (w) | *Adres (w)* |  | |
|  |  | Postal code | *Poskode:* |
| Telephone number (w) | *Telefoonnommer (w)* |  | |

|  |
| --- |
| **Next of kin | *Naasbestaande*** |

|  |  |
| --- | --- |
| Full name | *Volle naam* |  |
| Telephone number | *Telefoonnommer* |  |
| Relationship | *Verwantskap* |  |

|  |
| --- |
| **Referring or house doctor for report | *Verwysende of huisdokter vir verslag*** |

|  |  |
| --- | --- |
| Full name | *Volle naam* |  |
| Telephone number | *Telefoonnommer* |  |
| Email address | E-pos- adres |  |

|  |
| --- |
| **Consent to communication | Toestemming tot kommunikasie** |

SMS To confirm an appointment. / *Om ‘n afspraak te bevestig.*

E-mail | *E-pos* To e-mail accounts, quotations etc. / *Om rekeninge, kwotasies ens. te e-pos.*

€ Consent/*Toestemming*

|  |
| --- |
| **Details of person responsible for the account | *Besonderhede van die persoon verantwoordelik vir die rekening:*** |

€ Same as patient details € Same as main member details

*Dieselfde as pasiënt besonderhede Dieselfde as hooflid se besonderhede*

|  |  |  |
| --- | --- | --- |
| Full name | *Volle naam* |  | |
| ID number | *ID nommer* |  | |
| Nationality | *Nasionaliteit* |  | |
| Sex | *Geslag* |  | |
| Language | *Taal* | € English € *Afrikaans* | |
| Email address | *Epos adres* |  | |
| Address (h) | *Adres (h)* |  | |
|  |  | Postal code | *Poskode:* |
| Postal address | *Posadres* |  | |
|  |  | Postal code | *Poskode:* |
| Telephone number (h) | *Telefoonnommer (h)* |  | |
| Cell phone number | *Selfoonnommer* |  | |
| Employer | *Werkgewer* |  | |
| Profession | *Beroep* |  | |
| Address (w) | *Adres (w)* |  | |
|  |  | Postal code | *Poskode:* |
| Telephone number (w) | *Telefoonnommer (w)* |  | |

|  |
| --- |
| **General | *Algemeen*** |

This document explains the general conditions under which this practice sees patients. It does not constitute an informed consent to any specific treatment, nor a quotation or price for any service rendered by the practice. Informed consent and price information can be provided each time you visit the practice and will depend on the care you need or seek, and other factors such as your medical scheme cover. Please note that this practice charges private rates and is contracted out of medical aid fees.

*Hierdie dokument verduidelik die algemene omstandighede waaronder pasiënte in hierdie praktyk gesien word. Dit behels nie 'n ingeligte toestemming tot enige spesifieke behandeling nie, en ook nie 'n kosteberaming of prys vir enige spesifieke behandeling wat deur die praktyk gelewer word nie. Ingeligte toestemming en koste-inligting kan verskaf word elke keer wanneer u die praktyk besoek, en dit hang af van die sorg wat u benodig of soek, en ander faktore soos u mediese fonds-dekking. Neem asseblief kennis dat die praktyk privaat tariewe hef en uitgekontrakteer is van mediese fonds fooie.*

|  |
| --- |
| **Other healthcare professionals | *Ander professionele persone in die gesondheidsorg*** |

You hereby provide consent for the exchange of personal and clinical information between all relevant or referring healthcare professionals, doctors, hospitals, medical schemes, and their administrators or appointed managed care organisations. This serves as a binding contract between you, the patient, and this practice. You further consent to us communicating with third parties who have undertaken to indemnify you for the costs of your treatment, and management or part thereof, including medical schemes and their administrators, where relevant, and parties collecting monies outstanding from you.

*U gee hiermee toestemming vir die uitruil van persoonlike en kliniese inligting tussen alle relevante of verwysende gesondheidswerkers, dokters, hospitale, mediese skemas, en hul administrateurs of aangewese organisasies vir bestuurde sorg. Hierdie dien as 'n bindende kontrak tussen u, die pasiënt en hierdie praktyk.* *U stem verder in dat ons met derdepartye kommunikeer wat onderneem het om u te skadeloos te stel vir die koste van u behandeling, en die bestuur of 'n gedeelte daarvan, insluitend mediese skemas en hul administrateurs, waar van toepassing, en partye wat uitstaande gelde van u invorder.*

|  |
| --- |
| **Protection of Personal Information Act | *Wetgewing op die Beskerming van Persoonlike Inligting (“POPIA”)*** |

South Africa’s data privacy legislation, the Protection of Personal Information Act No. 4 of 2013 (“POPIA”), requires all responsible parties who wish to process the personal information of a data subject to obtain consent to process this information for a specific purpose, if not already authorised or required to do so by law.

*Die databeskerming wetgewing van Suid-Afrika, die Wet op die Beskerming van Persoonlike Inligting nr. 4 van 2013 (“POPIA”), vereis dat alle verantwoordelike partye wat die persoonlike inligting van 'n betrokkene wil verwerk, toestemming moet verkry om hierdie inligting vir 'n spesifieke doel te verwerk, as dit nog nie gemagtig is nie of daar nie reeds ‘n wetlike verpligting verstaan nie.*

During the course of our engagement with you, we will be required to process certain personal information, either in terms of our engagement or following a legal obligation imposed on us. In order to continue providing you with a professional and personal service, we need your express consent to continue processing your personal data already in our possession or still to be collected from you or from another source.

*In die loop van ons verbintenis met u, sal daar van ons verwag word om sekere persoonlike inligting te verwerk, hetsy ingevolge ons verbintenis of as gevolg van 'n wettige verpligting wat aan ons opgelê word. Ons het u uitdruklike toestemming nodig om voort te gaan met die verwerking van u persoonlike inligting wat reeds in ons besit is of wat nog ingewin moet word van uself of van ‘n ander party. Dit sal ons in staat stel om aan u ‘n professionele en persoonlike diens te lewer. s.*

Legislation compels the practice to provide certain information on accounts, including diagnostic information by means of ICD -10 Codes. Failure to disclose/submit the correct codes might lead to the claim being incorrectly paid or rejected by your medical scheme of funder. The Practice must also disclose ICD-10 codes on scripts, referral letters, requests for special diagnostic procedures or investigations. In the event of a third-party request for confidential information from the practice, and if there is doubt regarding the safety or confidentiality of these processes, the practice may insist on following the standard operating procedures allowed in legislation in order to ensure that the practice is comfortable with the manner in which the request is processed.

*Wetgewing vereis die gebruik van sekere inligting op rekeninge, insluitend diagnostiese inligting (by wyse van ICD-10 kodes). Die versuim om die korrekte kodes aan te toon/in te dien, kan daartoe lei dat u eis verkeerdelik betaal of verwerp word deur u mediese skema. Die praktyk moet ook ICD-10-kodes op voorskrifte, verwysings briewe, versoeke vir verdere dagnostiese ondersoeke, openbaar. In die geval waar 'n derde party vertroulike inligting vanaf die praktyk aanvra en daar is twyfel oor die veiligheid van hierdie prosesse, kan die praktyk daarop aandring om standaard bedryfsprosedures wat in wetgewing vervat is, te volg om te verseker dat die praktyk gemaklik is met die wyse waarop die versoek verwerk word.*

We hereby undertake that we will process your personal information in line with the conditions for lawful processing, as set out in POPIA, and as such we hereby commit to:

1. process your information lawfully and in a reasonable manner that does not infringe upon your privacy;
2. only process your personal information if the appropriate level of consent has been obtained to do so;
3. collect your personal information directly from yourself, unless otherwise allowed or required by way of referral;
4. only collect and process your information for the specified purpose, as agreed upon;
5. only retain your personal information for so long as is allowed or required; and
6. secure the integrity and confidentiality of your personal information by taking appropriate, reasonable technical and organisational measures to prevent the loss of, damage to or unauthorised destruction of your personal information and the unlawful access to or processing of your personal information.

*Ons onderneem hiermee aan u dat ons u persoonlike inligting sal verwerk in ooreenstemming met die voorwaardes vir wettige verwerking, soos uiteengesit in POPIA, en as sodanig verbind ons daartoe om:*

1. *u inligting wettig en op 'n redelike manier te verwerk wat nie inbreuk maak op u privaatheid nie;*
2. *u persoonlike inligting slegs verwerk indien die toepaslike vlak van toestemming daarvoor verkry is;*
3. *u persoonlike inligting direk van uself in te samel, tensy anders toegelaat of vereis by wyse van verwysing;*
4. *slegs u inligting vir die bepaalde doel, soos ooreengekom,, te versamel en verwerk;*
5. *u persoonlike inligting net te bewaar vir solank dit toegelaat word of vereis word; en*
6. *die integriteit en vertroulikheid van u persoonlike inligting te beveilig deur toepaslike, redelike tegniese en organisatoriese maatreëls te tref om die verlies van, skade aan of ongemagtigde vernietiging van u persoonlike inligting en die onwettige toegang tot of verwerking van u persoonlike inligting te voorkom.*

A detailed list of your information held and processed by us is available for inspection and confirmation on request.

*'n Gedetailleerde lys van u inligting wat deur ons bewaar en verwerk word, is op aanvraag beskikbaar vir inspeksie en bevestiging.*

By signing this document, you hereby confirm that you understand why your personal information is needed by us and voluntarily consent to the use of this information by us in terms of POPIA. You in turn acknowledge that it is your responsibility to ensure the accuracy and completeness of the information provided to us. You further understand that you may request access to this information at any time and may request the correction or deletion thereof, where necessary.

*Deur hierdie dokument te onderteken, bevestig u hiermee dat u verstaan ​​waarom ons u persoonlike inligting benodig en u stem vrywillig in tot die gebruik van hierdie inligting in ooreenstemming met POPIA. U bevestig ook dat dit u verantwoordelikheid is om die akkuraatheid en volledigheid van die inligting wat aan ons verskaf word, te verseker. U verstaan ​​verder dat u te enige tyd toegang tot hierdie inligting mag versoek en indien nodig die regstelling of verwydering daarvan kan versoek.*

Should you have any queries, please do not hesitate to contact our Information Officer, Dr WJ du Toit, at wdutoit@iafrica.com.

*Indien u enige navrae het, moet asseblief nie huiwer om ons Inligtingsbeampte, Dr WJ du Toit, by* wdutoit@iafrica.com *te kontak.*

|  |
| --- |
| **Acknowledgement of liability | *Erkenning van aanspreeklikheid*** |

I hereby acknowledge that I have read and understood the above and further understand that I am liable for the payment of this account, even if meant to be covered by a medical aid or any other third party. I understand that the practice reserves the right to charge interest on my outstanding account at Investec Bank Limited's current prime interest rate, from 60 days after the date of service. I further undertake to pay all legal costs, including attorney, own client costs, and collection fees incurred in respect of this account. I hereby undertake to give sufficient notice of any changes in my particulars. I confirm that I have been informed of the tariff charged by the practice and that I understand the information as provided to me.

*Hiermee erken ek dat ek die bogenoemde gelees en verstaan ​​het, en verstaan ​​verder dat ek aanspreeklik is vir die betaling van hierdie rekening, ongeag of die rekening veronderstel is om deur enige mediese fonds of mediese versekering skema gedek te word. Ek verstaan ​​dat rente gehef sal word op die uitstaande rekening teen die huidige prima rentekoers van Investec Bank Beperk vanaf 60 dae na die datum van diens. Ek onderneem om alle regskoste te betaal, insluitend prokureurs-, eie kliënt- en invorderings fooie wat met hierdie rekening aangegaan is. Hiermee onderneem ek om voldoende kennis te gee van enige veranderinge in my besonderhede. Ek bevestig dat ek ingelig is oor die tarief wat deur die praktyk gehef word en dat ek die inligting verstaan ​​wat aan my verskaf is.*

|  |
| --- |
| **Approval | *Goedkeuring*** |

I, the undersigned, agree to the terms as described above and voluntarily consent to the processing of such personal information as is needed by the responsible party, being Dr Willem du Toit Incorporated.

*Ek, die ondergetekende, stem in tot die voorwaardes hierbo beskryf en stem vrywillig in tot die verwerking van sodanige persoonlike inligting wat deur die verantwoordelike party benodig word, synde Dr Willem du Toit Ingelyf.*

|  |  |  |
| --- | --- | --- |
| **Name | *Naam*** |  | **Signature | *Handtekening*** |
|  |  |  |
|  |  |  |
| **Place of Signature | *Plek van Ondertekening*** |  | **Date | *Datum*** |

**\*TURN PAGE / BLAAI OM\***

**MEDIESE AGTERGROND/*MEDICAL BACKGROUND***

|  |  |
| --- | --- |
| CHRONIESE MEDIKASIE  *CHRONIC MEDICATION* | HUIDIGE MEDIKASIE/PYN MEDIKASIE  *CURRENT MEDICATION/PAIN MEDICATION* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Allergieë/*ALLERGIES:* VIR MEDIKASIE/*FOR MEDICATION* ANDER/*OTHER*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHIRURGIE (±10 JAAR PERIODE)/*SURGERY (±10 YEAR PERIOD)*

|  |  |
| --- | --- |
| PROSEDURE/*PROCEDURE* | DATUM OF JAAR/*DATE OR YEAR* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

DOMINANSIE*DOMINANCE:* Linkshandig/*Left handed*  Regshandig/*Right handed*

Ewehandig/*Ambidextrous*

LENGTE/*HEIGHT:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GEWIG/*WEIGHT:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Slegs vir kantoor gebruik.)

(For office use only.)

Diagram

Description automatically generatedSPORT AKTIWITEIT/*SPORT ACTIVITY*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOSIAAL/*SOCIAL:* ROOK/*SMOKE:* JA/*YES* HOEVEEL/*AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_*

NEE/*NO*

FAMILIIE GESKIEDENIS/*FAMILY HISTORY:*  bv. diabetis/artritis/bloeddruk probleme

eg. diabetes/arthritis/high blood pressure

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_