

EKKLESIAPARK TUISTE VIR BEJAARDES
EKKLESIA PARK OLD AGE HOME

MEDIESE SERTIFIKAAT:
MEDICAL CERTIFICATE:

Aansoek om opname in 'n tuiste vir bejaardes.
Application for admission to a home for the aged.

MOET DEUR MEDIESE PRAKTISYN VOLTOOI WORD
TO BE COMPLETED BY MEDICAL PRACTITIONER

VOLLE NAAM VAN APPLIKANT / FULL NAME OF APPLICANT:

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IDENTITEITSNOMMER / IDENTITY NUMBER:

GESLAG/SEX:

1. ALGEMEEN / GENERAL:

LENGTE/HEIGHT: MASSA / WEIGHT:

2. GEWOONTES / HABITS:

ROOK / SMOKING:..... PER DAG / DAY

ALKOHOL / ALCOHOL: PER DAG / DAY

3. KARDIOVASKULêRE STELSEL / CARDIOVASCULAR SYSTEM

BLOEDDRUK / BLOODPRESSURE:

POLS / PULSE:

PERIFERE SIRKULASIE / PERIPHERAL CIRCULATION:

HARTVERSAKING / CCF:

ANDER HARTTOESTANDE BV. M.I. / OTHER CARDIAC CONDITIONS EG. M.I.

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PASAANGEêR / PACE MAKER:

4. ASEMHALINGSTELSEL / RESPIRATORY SYSTEM

ASMA / ASTHMA:

C.P.O.D.:

ANDER / OTHER:

SUURSTOFTERAPIE / OXYGEN THERAPY:

5. SPYSVERTERINGSTELSEL / DIGESTIVE SYSTEM:

MAAGSERE / GASTRIC ULCERS:

LEWER TOESTANDE / LIVER DISEASES:

MANTELVLIESBREUK / HIATUS HERNIA:

DIVERTIKULITIS / DIVERTICULITIS:

KRONIESE DIARRHEE, HARDLYWIGHEID / CHRONIC DIARRHOEA, CONSTIPATION:

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KANKER / CANCER:

KOLOSTOMIE / COLOSTOMY:

ANDER / OTHER:

SPEZIALE DIEET / SPECIAL DIET:

6. ENDOKRIENE STELSEL / ENDOCRINE SYSTEM:

DIABETES: **TIPE / TYPE:**

SKILDKLIER / THYROID:

7. SENUWEESTELSEL / NERVOUS SYSTEM:

EPILEPSIE / EPILEPSY:

PARKINSON'S SIEKTE / DISEASE:

BEROERTE / C.V.A.:

PSIGIATRIESE TOESTANDE / PSYCHIATRIC DISORDERS:

ANDER / OTHER:

GEESTESTOESTAND / MENTAL STATE:

WAAKSAAMHEID / ALERTNESS:

ORIËNTASIE / ORIENTATION:

GEHEUE / MEMORY:

KORTTERMYN / SHORT TERM: **LANGTERMYN / LONG TERM:**

EMOSIONELE TOESTAND / EMOTIONAL STATE:

8. SKELET-SPIER STELSEL / MUSCULAR-SKELETAL SYSTEM:

GANG / GAIT:

SPASTISITEIT / SPASTICITY:

TIPPE ARTRITIS /TYPE OF ARTHRITIS:

VORIGE FRAKTURE / PREVIOUS FRACTURES:

PROSTESE / PROSTHESIS:

MOBILITEIT / MOBILITY:

BEDLÊEND / CONFINED TO BED:

MOBIEL MET RYSTOEL, LOOPRAAM / MOBILE WITH WHEELCHAIR, WALKER etc.

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HET HULP NODIG MET / NEED ASSISTANCE WITH:

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9. PERSOONLIKE HIGIËNE / PERSONAL HYGIENE:

BAD / BATH:

TOILET / TOILETING:

AANTREK VAN KLERE / DRESSING:

EET / EATING:

10. UROGENITALE STELSEL / UROGENITAL SYSTEM:

URIENE TOETS / URINE TEST:

INKONTINENSIE / INCONTINENCE:

PROSTAAT VERWANTE TOESTANDE / PROSTATE RELATED CONDITIONS:

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GINEKOLOGIESE GESKIEDENIS / GYNAECOLOGICAL HISTORY:

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KANKER / CARCINOMA:

11. VISIE / VISION: **TOESTELLE / AIDS:**

12. GEHOOR / HEARING: **TOESTELLE / AIDS:**

13. VEL / SKIN:

SPATARE / VARICOSE VEINS:

ULKUSSE / ULCERS:

KNEUSING, SKAAFPLEKKE / BRUISES, ABRASIONS:

DRUKSERSE / PRESSURE SORES:

DERMATITUS / DERMATITUS:

ANDER / OTHER:

14. VORIGE CHIRURGIE / PREVIOUS SURGERY:

15. MEDIKASIE / MEDICATION:

ALLERGIE / ALLERGIES:

HUIDIGE MEDIKASIE / PRESENT MEDICATION:

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BRON VAN MEDIKASIE / SOURCE OF MEDICATION EG. HOSPITAL, PHARMACY ETC.

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16. HUIDIGE DIAGNOSE / CURRENT DIAGNOSIS:

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17. DR. VIR TOEKOMSTIGE BEHANDELING / DR. FOR FUTURE CONSULTATION:

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TELEFOONNOMMER / TELEPHONE NUMBER:

18. NAAM VAN MEDIESE PRAKTISYN / NAME OF MEDICAL PRACTITIONER:

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ADRES / ADDRESS:

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HANDTEKENING / SIGNATURE:

DATUM / DATE: