

Centurion Hospice Registration form



Office use only

Date of:	Contact:	Screening score:	Database no:
	Forms back:	Prof nurse:	Assessment date:

Patient information

Surname:	Full names:	Known as:	
Marital status: single/mar/div/sep/wid	ID no:	D.O.B.	Age:
Language:	Gender: male / female / other	Race: A / B / C / W	
Physical address:			
Postal address:	Postal code:		
Details of contact person: (to make appointment)	Name:	Cell:	
	Email address:	Work no:	
DIAGNOSIS:			
Medical Aid: Yes / No	Name:	(see attached form)	

Medical professionals involved

General Practitioner:	Name:	Tel:
	Email address:	Area:
Specialist / other Health care providers	Name:	Tel:
	Email address	Hospital:

Source of referral (please highlight one)

Self / family / friend / medical practioner / GP / private specialist / social worker / Medical Scheme / Other:

Contact details of next of kin

Name and Surname	Relationship to patient	Date of birth	Contact number

When submitting the completed forms to the Hospice, we accept that the patient gave consent to the Hospice program.

Centurion Hospice

Registration Letter



Dear Sir / Madam

Thank you for contacting us with regards to the services we offer. We care for patients diagnosed with life limiting diseases who require help and support in their time of need. See our Information Leaflet for a more detailed explanation of the services we offer.

The following documentation is required to enable us to expedite your new patient registration application:

- **The Centurion Hospice standard, 3 page, medical referral from the doctor who treated/or is treating the patient as well the histology and/or test results.**
- **Copy of the medical aid card (if applicable).**
- **The Request admission into the Program of care, signed by the patient or legal guardian.**
- **Your latest prescription(s).**
- **A copy of the patient's ID**

Financial policy:

If a patient belongs to a Medical Aid, the Hospice will claim the allowable benefit amount from their Medical Aid.

If a patient does not belong to a Medical Aid, we will leave it up to the family to consider a contribution to help us to cover the cost of the care to the patient.

The following are guidelines to consider when making a contribution:

- **The minimum allowed benefit amount that the Medical Aids pay towards the Hospice per home visit is R435.**
- **This amount does not cover all our costs, but goes a long way towards it.**
- **The Registration process also carries a cost (R500) and any contribution towards this cost will be appreciated.**

Our Banking details (for your contributions)

Name: Centurion Hospice Association

Bank: ABSA Current Account

Account number: 600158317

Code: 632005

No patient will be turned away due to financial constraints.

As soon as we have received your completed forms (Registration and Medical referral forms are preconditions to a visit), one of our Professional Nurses will contact you within 24 hours.

Any further enquiries please contact us at medadmin@centurionhospice.com or phone us on 012 664 6175.

Thank you.

Annelize Greyling

Palliative Care Services Manager