

**Example Service Recording Form - Appendix B**

**Patient Details**

Hosp Nr: \_\_\_\_\_ Patient: \_\_\_\_\_  
 DOB \_\_\_\_\_ Gender: \_\_\_\_\_ ID Nr: \_\_\_\_\_

**Patient Classification**

H0  H1  H2  Full Paying=  DOD  DOJ  Med Aid  C.O.I.D  RAF  SELF  OTHER

Medcal Aid \_\_\_\_\_ Member Nr: \_\_\_\_\_ Member Name \_\_\_\_\_

Hospital: \_\_\_\_\_

Practice Nr: \_\_\_\_\_ (Authorisation Nr:)

(ICD-10 Code/s)

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O = Outpatient Consultation; U = Follow-up within 7 days  
 E = Emergency Consultation

G=General practitioner; S=Specialist; N=Nurse;  
 A=Allied Health; Private Practitioner

**Consultations**

	Type			Consultation		Responsible HCP					Amount					Sign	
	O	U	E	Time	Date	Name	G	S	N	A	P	Fac Fee	Prof Fee	Fac Amnt	Prof Amnt		TOTAL

G = General ward; D = Day patient; C = Chronic care;  
 H = High Care; I = ICU; B = Boarder

G=General practitioner;  
 S=Specialist; P = Private

**Inpatient Stay**

	Type						Admission		Discharge		Responsible HCP			Amount					Sign				
	G	D	C	H	I	B	Time	Date	Time	Date	Name	G	S	P	Days	Fac Fee	Prof Fee	Fac Amnt		Prof Amnt	TOTAL		

**Procedures / Oral Health**

PR = Procedure room/Dentistry;  
 TH = Theatre

G=General practitioner; S=Specialist; N=Nurse  
 A=Allied Health Practitioner; P=Private Practitioner

Description	Where		Cat				Date	Responsible HCP					Anasesthesia			Cat		Amount				Sign					
	DR	TH	A	B	C	D		Name	G	S	N	A	P	Anaesthetist	G	S	P	A	B	C	Fac Amnt		Prof Amnt	Anaest Amnt	TOTAL		

**Confinement**

DR =Delivery Room  
 TH = Theatre

N=Normal; A=Assisted;  
 C=Caeserean

G=General Practitioner; S=Specialist;  
 N=Midwife; P=Private Practioner

Neonate/s	Where		Type			Date	Responsible HCP					Anasesthesia			Cat		Amount				Sign							
	DR	TH	N	A	C		Name	G	S	N	P	Anaesthetist	G	S	P	A	B	C	Fac Fee	Prof Fee		Fac Amnt	Prof Amnt	TOTAL				

G=General practitioner; S=Specialist;  
A=Radiographer; P=Private Practitioner

**Imaging Investigations**

	Cat				Date	Responsible HCP				Anaesthesia					Cat				Amount					Sign				
	A	B	C	D		G	S	A	P	Anaesthetist					G	S	A	B	C	Fac Fee	Prof Fee	Fac Amnt	Prof Amnt		TOTAL			
<b>Total:</b>																												

A=Allied Health Practitioner;  
P=Private Allied Health Practitioner

**Supplementary Health Services**

	Date	Responsible HCP			Anaesthesia					Cat				Amount					Sign										
		Name	A	P	Anaesthetist					G	S	P	A	B	C	Fac Fee	Prof Fee	Fac Amnt		Prof Amnt	TOTAL								
<b>Total:</b>																													

**Other Services**

Use for: Dialysis; Examinations; Mutuary; Assistive devices  
& prosthesis

G=General practitioner; S=Specialist;  
A=Allied Health Practitioner; P=Private Practitioner

	Date From	Date To	Responsible HCP					Amount					Sign													
			Name	G	S	A	P	Fac Fee	Prof Fee	Fac Amnt	Prof Amnt	TOTAL														
<b>Total:</b>																										

**Pharmaceuticals (Summary)**

A=Hospital Pharmacist; P=Private Pharmacist

		Name	Responsible HCP		Comments	Amount				Sign	
			A	P		Fac Fee	Prof Fee	Fac Amnt	Prof Amnt		TOTAL

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GRAND TOTAL

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