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)
1 ☐☐☐☐☐☐ 2 ☐☐☐☐☐☐

Consultations

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

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

	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	

Inpatient Stay

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

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

	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=Ceaserean

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	

Imaging Investigations

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

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

Supplementary Health Services

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

	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	
																	Total:

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	N	A	P	Fac Fee	Prof Fee	Fac Amnt	Prof Amnt	TOTAL	
														Total:

Pharmaceuticals (Summary)

A=Hospital Pharmacist; P=Private Pharmacist

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

Patient's Signature _____

Date _____

Supervisor Signature: _____

Date: _____

GRAND TOTAL