MEDICAL ASSESSMENT: REFERRAL FORM

NB: Please write legibly and complete in capital letters

PART A: CLIENT'S PRIMARY INFORMATION

Identity Number		Male	**Gender**	Female
Form of Identification	ID	Other methods of Identification used	If Other, specify	
Surname				
Full names				

PART B: CLIENT'S MEDICAL HISTORY (TO BE COMPLETED BY TREATING CLINICIAN / INSTITUTION)

I have confirmed the client's name & ID no	Yes	No
Are you the client's *regular treating clinician or institution?	Yes	No

* Regular means clinical care for a period of 3 months or more by a health professionals inclusive of professional nurses and medical social workers, or any health care institution.

If you answer no above, what supports your completing of this form? E.g. obvious disability	Elaborate:
Presenting problem / Symptoms	
Diagnosis	
Complications, if any	

The client is compliant with treatment	Yes	No	The client abuses illegal substances	Yes	No
How has the medical condition changed over the past 3 months?	Improved	Stabilized	Worsened		
Elaborate					

Is the medical condition preventing the client from meeting the demands of the open labour market?	Yes	No
Elaborate		

PART C: DECLARATION

All information furnished by me in this referral form is true and correct to the best of my knowledge.

Note:
According to:

- Social Assistance Act 13 of 2004 Section 30 states that: (a) "A person is guilty of an offence if he or she intentionally furnishes the Agency with false or misleading information"
- Social Assistance Act 13 of 2004 Section 31 states that: "A person convicted of an offence in terms of this Act is liable to a fine or imprisonment for a period not exceeding 15 years of both a fine and such imprisonment".

Full names		
Signature		*Treating Facility or Doctor's Official Stamp*
Date	d d / m m / c c y y	
Tel:		
Cell:		MP | OTMP | PT | SANC

Mark with √ *the correct box and supply relevant practitioner no.*

SASSA will verify the credentials of the referring clinician and we reserve the right to conduct quality assurance on all completed medical referral forms.