

Welcome

- Thank you for choosing to use the services at our Hospital -

WHAT IS A PRE-ADMISSION?

We often find that patients are not sure of what they are required to do when it comes to a **pre-admission**, therefore, to make this process less daunting for you, we have **detailed the steps** as follows:

- Prior to being admitted to Johannesburg Surgical Hospital for a surgical procedure, there is a process you need to follow, which is referred to as a **pre-admission**. In order for everything to go smoothly on the day of your procedure, it is recommended that you complete the admission process at least **48hrs** before the actual day - therefore allowing more time to get you comfy in your ward and properly prepped for surgery.
- As part of the process, you will need to **fill out** a pre-admission form for Johannesburg Surgical Hospital. You can either complete the form digitally via our mobile app, or fill out the printed A4 document.
- In order to complete the pre-admission process successfully, the following **information** is required and can be obtained from the **three sources** below:



1. DOCTOR

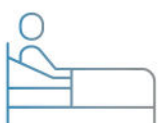
When your doctor has decided to admit you to our hospital for a procedure, they will provide you with the following **medical-related codes**:

- The Diagnosis (**ICD 10 code**)
- The Procedure (**NRPL / CPT4 codes**)
- The Practice no. of your Specialist (**PCN**)



2. MEDICAL AID

For the procedure to go ahead, you will need an **AUTHORISATION NUMBER** from your medical aid. This can be obtained by providing them with the medical codes from your doctor (as listed above). Be sure to know exactly what your medical plan does, & does not, cover for. If you are not a member of a medical aid, a pre-calculated estimate will be provided to you, for payment on, or before, admission.



3. PATIENT

Once you have received the authorisation number from the medical aid, can you add it to the pre-admission form. Lastly, you will have to **attach copies of the patient's**:

- **I.D / PASSPORT / BIRTH CERTIFICATE**
- **MEDICAL AID CARD**



PRE-ADMISSION FORM

01 | Patient's details

Title:	Initials:	Gender:
Surname:	First names:	
ID/passport no:	Date of birth:	
Email:	Mobile no:	
Nationality:	Home language:	
Occupation:	Work tel no:	
Residential:		
Postal:		

02 | Medical aid

Medical aid name:	Medical aid no:	
Plan type:	Dependant code:	Authorisation no:

- Main member of medical aid -

Title:	Initials:	Gender:
Surname:	First names:	
ID/passport no:	Date of birth:	
Email:	Mobile no:	
Residential:		

03 | Account holder

Title:	Initials:	Gender:
Surname:	First names:	
ID/passport no:	Date of birth:	
Email:	Mobile no:	
Nationality:	Home language:	
Occupation:	Work tel no:	
Residential:		
Postal:		



04 | Next of kin

Emergency Contact

- in case of a medical emergency -

Surname: _____

First name: _____

Relationship to patient: _____

Mobile no: _____

Work no: _____

Home no: _____

Residential: _____

Alternative Contact

- person *not* living at same address -

Surname: _____

First name: _____

Relationship to patient: _____

Mobile no: _____

Work no: _____

Home no: _____

Residential: _____

05 | Clinical info

Hospital Visit

- information regarding the patient -

ICD10 / diagnosis code: _____

Procedure codes: _____

Admitting doctor: _____

Referring doctor: _____

Admission date: _____

Brief description of symptoms & complaints: _____

Chronic Conditions

- indicate below if patient has any of the following -

- | | |
|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Anaemia |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Thyroid disorder |
| <input type="checkbox"/> Allergies: _____ | (please specify) |
| <input type="checkbox"/> Other: _____ | (please specify) |

06 | Disclaimer

PATIENTS PLEASE TAKE NOTE OF THE FOLLOWING:

- PRIVATE PATIENTS** - A prepayment is required on/before admission from patients not covered by medical aid. It is suggested that private patients contact the accounts department prior to admission to establish the estimated hospital cost.
- MEDICAL AID PATIENTS** - Please consult with your medical aid prior to admission to obtain a pre-authorisation number. Any short payments by your medical aid will be on your own account.
- MEDICAL AID CARD & ID BOOK** - Must be produced on admission otherwise patient will be treated as private.
- PRIVATE / SEMI PRIVATE WARDS** - Medical aid patients requesting private wards will be expected to pay the private ward rate on admission. Please note private wards are subject to availability.

I, _____ hereby declare that the information I have provided on this form is true & correct, & agree to the terms & conditions.

Patient signature: _____ Date: _____