

**MEDIESE VERSLAG VOLTOOI DEUR GENEESHEER
MEDICAL REPORT COMPLETED BY MEDICAL PRATITIONER**

NAAM VAN DIE APPLIKANT/NAME OF APPLICANT _____
OUDERDOM/ AGE _____ GEBOORTEDATUM/DATE OF BIRTH _____

- 1 Hoe lank ken u reeds die applikant?/How long have you known the applicant?

- 2 Wat is die algemene gesondheidstoestand van die applikant?/What is the general
state of health of the applicant? _____

- 3 Wat is die toestand van sy/haar hart?/What is the condition of his/her heart?

- 4 Wat is die toestand van sy/haar longe?/What is the condition of his/her lungs?

- 5 Wat is die toestand van sy/haar niere?/What is the condition of his/her kidneys?

- 6 Wat is sy/haar bloeddruk?/What is his/her blood pressure? _____

- 7 Wat is die toestand van die gewrigte? Kan die applikant vrylik beweeg?/What is the
condition of the joints? Can the applicant move freely?

- 8 Is die applikant in enige opsig geestelik gestremd of nie instaat om medikasie self te
gebruik en te beheer nie?/ Is the applicant in any way mentally disabled or not capable
to take and manage his/her own medication? _____

- 10 Is die applikant 'n diabeet? Indien wel, beskryf die medikasie/dieet./Is the applicant a
diabetic? If so, describe the medication and diet. _____

- 11 Was die applikant al in 'n inrigting vir spanning/depressie/drank of dwelmmisbruik?
Indien wel, wanneer en hoe lank?/ Was the applicant ever institutionalised for
stress/depression or substance abuse? If so, when and for what period? _____

- 12 Het die applikant beheer oor al sy/haar uitskeidingsorgane?/Can the applicant control
his/her secretions? _____

- 13 Het die persoon enige ernstige operasies ondergaan?/ Has the applicant had any
serious operations? _____

- 14 Hoe is die applikant se visie?/How is the applicant's vision?

15 Vermoed u enige abnormaliteit in enige van die liggaamsorgane, of is daar verdere besonderhede wat u in verband met die applikant wil meld? / Do you suspect any abnormality of body organs or is there any other particulars you would like to mention about the applicant?

16 Gewig van die applikant / Applicant's weight _____

17 In u opinie, is die applikant aangewese op versorging in 'n tehuis vir bejaardes? / In your opinion is the applicant in need of care in a frail care centre?

NAAM VAN GENEESHEER/DOCTOR'S NAME : _____

ADRES VAN GENEESHEER/ DOCTOR'S ADDRESS: _____

TEL NR/TEL NO: _____

HANDTEKENING / SIGNATURE: _____

DATUM/DATE: _____

AMPTELIKE STEMPEL / OFFICIAL STAMP