

PRE OP:	Kg:	M												
MALL:	P	HAM												
ASA:	CXR													
BLOED:														
Rx														
TYD														
PENT	DJPN	HYPN	DORM											
PAV	ALLOF	NMB	ESM											
MVA	SCOL	TRAC	NORC											
SUB	SUF	RAP												
ATROB		ROB	ULTIVA											
NEOST														
TRID		HYPOT												
TIPE MONITOR														
	200													
H	E	I	S	D	LUG	N2O								
BUIS:	O	N	RAE	LM	DLT	PVC								
NO:	150													
VENTILATOR:	A	D	E	ADE	S									
SISTEEM:	Mv													
FIO2:	f													
Vt	L	R	M	RG	TRD	100								
POSISIE:	OË													
TANDE	OXIM													
DRIKUPUNTE	ARTLYN													
EKG	PAP													
NIBP	KAPNO	50												
SVD	URIENE KAT	CVP/PAP												
TEMP	URIENE	SPO2												
LUGFILTER	NG BUIS	SPO2												
KEELPAK	BLOEDVERW.	PECO2												
	EXTERNE VERW.	KRISTALL												
POSTOP:	KOLLOID													
WAKKER	SLAAP	BLOED												
EXTUB	INTUB	URIENE												
KOPOPLIG	TOF	BLOEDVERLIES												
FIO2	SPO2	D STIX												
BP	P	VOORVALLE												
SAAL	ISE													
PCA	TEMP													

D	HAS THE PATIENT HAD THE FOLLOWING HET DIE PASIËNT DIE VOLGENDE GEHAD	YES	NO	DETAILS BESONDERHEDE
	Previous anaesthetics (if, when?) Vorige narkose (indien wel, wanneer?)			
	Problems with previous anaesthetics (details) Probleme met vorige narkose (besonderhede)			
	Any family member with anaesthetic problems (what?) Enige familielid met narkose probleme (wat?)			
	Allergy / unusual reaction to medicines (which ?) Allergie / vreemde reaksie op medisyne (watter?)			
	Are you taking any medication / pills ? (names) Neem u enige medikasie / pille ? (name)			
	Cortisone treatment in the past 12 months Kortisoobehandeling in die afgelope 12 maande			
	High blood pressure Hoë bloeddruk			
	Asthma, bronchitis or emphysema Asma, brongitis of emfiseem			
	Heart disease(e.g.Chest pain, heart attack, rheumatic fever) Hartsiekte (bv. Borspyn, hartaanval, rumatiekkoors.)			
	Recent cold , cough or flu Onlangse verkoue, hoes of griep			
	Diabetes or thyroid problems Suikersiekte of skildklier probleme			
	Jaundice or hepatitis (if so, when ?) Geelsug of hepatitis (indien wel, wanneer ?)			
	Kidney or bladder disease Nier- of blaassiekte			
	Muscle weakness or stroke Spierwakheid of beroerte			
	Tendency to bleed or bruise Bloei of kneus maklik			
	Previous thrombosis / embolism (legs / lungs ?) Vorige trombose / embolisme (bene / longe ?)			
	Epileptic convulsions or blackout of any sort Epileptiese aanvalle of floutes van enige soort			
	Are you pregnant ? (if so, how long ?) Is u swanger ? (indien wel , hoe ver ?)			
	False, loose or crowned teeth (if so, where ?) Vals, los of gekroonde tande (indien wel, waar ?)			
	Alcohol consumption Alkohol verbruik			
	Do you smoke ? (if so, how many per day ?) Rook u ? (indien wel, hoeveel per dag ?)			
	Porphyria, malignant hyperthermia or scolion apnoea Porfirie, Maligne hipertermie of scolion apnee			Weight: Gewig: Kg
	Do you use any herbal medicine ? Gebruik u enige kruie-medisyne ?			Height: Lengte: M
	When did you last eat and / or drink ? Time Wanneer het laas u geëet en / of gedrink ? Tyd			
	Is there anything else your anaesthetist should know ? Is daar enigiets anders wat u anestesiooloog behoort te weet ?			

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NARKOSEVORM ANAESTHESIA FORM

Vir meer inligting, besoek:
For more information, visit:
www.acaciasasa.co.za

LEES ASSEBLIEF AFDELINGS A, B, C, & D, VUL GEGEWENS IN, TEKEN ONDER EN OORHANDIG AAN DIE ANESTESIOLOOG.
L.W. AFDELING C MOET INGEVUL WORD DEUR DIE REKENINGPLIGTIGE
PLEASE READ AND COMPLETE SECTIONS A, B, C, & D, SIGN BELOW AND HAND TO THE ANAESTHESIOLOGIST.
N.B. SECTION C. MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE ACCOUNT.

A OOREENKOMS TUSSEN DIE ANESTESIOLOOG EN PASIËNT AGREEMENT BETWEEN THE ANAESTHESIOLOGIST AND PATIENT

- A1. Ek begryp dat 'n insidentvrye narkose nie gewaarborg kan word nie.
- A2. Ek begryp dat teateroerusting en -personeel deur die hospitaal verskaf word en nie deur die anesthesioloog gewaarborg kan word nie.
- A3. Ek onderneem om nie alkohol te verbruik, 'n motorvoertuig te bestuur of enige gevaarlike toerusting te hanteer, belangrike besluite te neem of dokumente te teken vir 'n tydperk van 24 uur na narkose toegedien is nie.
- A4. Ek verleen toestemming dat my persoon inligting bekend gemaak mag word aan belanghebbende instansies, soos deur die wet bepaal, asook anonieme data van 'n kliniese en praktykbesturende aard wat tot die bevordering van die pasiënt se welstand mag bydra.

BETALING:

- A5. Hierdie rekening is totaal onafhanklik van enige ander rekening deur die hospitaal of chirurg uitgereik.
- A6. U is persoonlik verantwoordelik vir betaling en NIE u mediese fonds nie. U mediese fonds gaan nie die volle bedrag vereffen nie.
- A7. Mora rente mag gehê word op rekeninge wat nie binne 60 dae ten volle vereffen is nie.
- A8. U kies die adres soos op die keersy aangedui as u **DOMICILIUM CITANDI ET EXECUTANDI** adres. U aanvaar die verantwoordelikheid om die praktyk skriftelik van enige adresveranderinge in kennis te stel indien nodig.
- A9. Sou u rekening oorhandig word vir invordering van uitstaande bedrae, sal u aanspreklik gehou word vir regskoste wat insluit regskoste op prokureur-en- kliënt skaal, invorderingskommissie en opsporingskoste sowel as BTW waar van toepassing.

- A1. I understand that no one can guarantee an incident free anaesthetic.
- A2. I understand that there are equipment and theatre staff supplied by the hospital which cannot be guaranteed by the anaesthesiologist.
- A3. I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or sign contracts for 24 hours after recovering from anaesthesia.
- A4. I agree to allow my personal data to be forwarded to the relevant organizations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patients healthcare experience.

PAYMENT:

- A5. This account is rendered completely independent from the accounts rendered by the hospital and surgeon.
- A6. You are personally responsible for payment and **NOT** your medical aid fund. Your medical aid fund will not cover the full amount on your account.
- A7. Mora interest may be charged on accounts that have not been settled in full within 60 days.
- A8. You hereby choose the address on the overleaf as your **DOMICILIUM CITANDI ET EXECUTANDI** address for all purposes of this agreement.
- You also acknowledge responsibility to inform the anaesthesiologist in writing of any change of address that may occur since the date of treatment.
- A9. Should your account be handed over for collection of any monies in arrears you will be liable for all legal costs on attorney and client scale, collection charges and tracing fees as well as VAT where applicable.

TEKEN ASB. HIER - PLEASE SIGN HERE

Ek het bostaande gelees, begryp en aanvaar die voorwaardes soos uiteengesit. Hiermee gee ek toestemming vir narkose vir myself / my afhanklike.

GETEKEN:
SIGNED:

I have read, understood and agree to the conditions mentioned above. I hereby give permission for anaesthesia on myself / my dependant.

DATUM:
DATE:

AMPTELIK (Anesthesioloog)
OFFICIAL (Anaesthesiologist)

GETEKEN:
SIGNED:

B	PASIENT VAN : PATIENT SURNAME :	GEB.DATUM: BIRTH DATE:
	VOLLE VOORNAME : FIRST NAMES :	

MEDIESEFONDS : MED FUND :	OPSIE: OPTION:	NOMMER : NUMBER :
MAGTIGINGS No : AUTHORIZATION No :	AFR ENG	TITEL : TITLE :
		PROF DR MNR MEV MEJ MISS
VAN : SURNAME :	VOORLETTERS : INITIALS :	
POSADRES : POSTAL ADDRESS :	epos: email:	
	POS KODE : POSTAL CODE :	
I.D. No :	SEL: CEL:	
TEL HUIS : TEL HOME :	TEL WERK : TEL WORK :	FAKS : FAX :
WOONADRES : RES. ADDRESS :	WERKGEWER : EMPLOYER :	
	ADRES : ADDRESS :	
FAMILIE/VRIEND: FAMILY/FRIEND:	B.A.D./ I.O.D. EISNo./ CLAIM Nr:	WERKGEWER REGISTRASIE No : EMPLOYER REGISTRATION No :
TEL:	DAT.v.BESERING: DATE of INJURY:	



Dr. No	HOSPITAAL :	VR	DAT.
	CHIRURG :	0150	0145
	PROSEDURE :	0147	0151
	NARKOSETYD : VAN :	TOT :	MIN
		KODE :	ICD 10
			0039 MIN
			0011 MIN

No	AMPTELIK OFFICIAL	
	PLAK HOSPITAAL PLAKKER HIER	
	PASTE HOSPITAL STICKER HERE	
	0109	544
	0028	1215
	0030	1216
	0032	1218
	0034	1220
	0038	1221
	0042	2800
0043	2801	
0044	2802	
	0018	
	0019	