

**Provincial Administration Western Cape: Department of Health
CLINICOM GENERAL DOWNTIME FORM**

Hospital Name: _____

Date: _____

A. Demographic Details

Patient Number				Marital Status	<i>Single</i>	<i>Married</i>	<i>Divorced</i>	<i>Widowed</i>	
Surname				ID Number / DOB					
Name							Sex	<i>Male</i>	<i>Female</i>
Address								Postal Code	
Phone (H)			Phone (W)			Cell			

B. Referral

Who sent you				MVA/IOD: Date				
Why (Diagnosis)				Type of Injury				
Which Clinic are you attending								

Employment Details

Employed	<i>YES</i>	<i>NO</i>							
If no UIF Ref Number									
Are You A Pensioner	<i>YES</i>	<i>NO</i>							
If Yes: Type of Pension									
Pension Number									
State Employee	<i>YES</i>	<i>NO</i>							

C. Debtor (Person responsible for paying the account)

What is the Debtor's relation to the Patient								
Surname				Name				
Marital Status	<i>Single</i>	<i>Married</i>	<i>Divorced</i>	<i>Widowed</i>	No of Dependants			
ID Number / DOB								
Postal Address							Postal Code	
Phone (H)			Phone (W)			Cell		
Medical Aid Name				Medical Aid Number				
Medical Aid Authorization No								

D. Debtors Occupation

Occupation				Employer				
Employer Address				Contact Phone No				
Income	Gross		Freq	Y/M/W	Other		Freq	Y/M/W

E. Secondary Debtor (Spouse)

Surname				Name				
ID No							No of Dependants	
Postal Address							Contact Phone No	
Medical Aid Name				Medical Aid Number				
Income	Gross		Freq	Y/M/W	Other		Freq	Y/M/W

F. Account (Office Use Only)

Group	<i>Baby for adoption</i>	<i>Confirmed IOD</i>	<i>Correctional Services</i>	<i>Cosmetic Surgery</i>			
	<i>Free Primary Health Services</i>	<i>Free Services Other</i>	<i>Military (SANDF)</i>	<i>Services for Foreign Travel</i>			
	<i>South Africa Police Services</i>	<i>Staff Entitled to Free Treatment</i>	<i>War Veteran Pensioner (MPO)</i>	<i>Unknown</i>			
Officer /Member Name			Force No		Rank		

I certify that the information given is true and correct:

Signature of Declarent:	Name in print:	Date:
Signature of Officer:	Name & Rank in print:	Date: