



UNITAS HOSPITAL

BOOKING FORM

Kindly complete booking form and visit the pre-admission clinic within 24 hours prior to admission date, or fax to (012) 677 8322 or phone the Tollfree number 0800 111 229. If not possible, hand in completed form at reception.

AUTHORISATION NUMBER:

It is the responsibility of the patient to obtain an authorisation number before admission date.

PATIENT DETAILS

1. ID NUMBER:	2. PASSPORT NUMBER:	
3. SURNAME:	4. TITLE:	5. AGE:
6. NAME:		
7. DATE OF BIRTH:	8. RELIGION:	9. GENDER:
10. OCCUPATION:	11. EMPLOYER:	
12. TEL NO.: (H)	13. LANGUAGE:	
15. TEL NO.: (W)	16. CELL NO.:	
16. E-MAIL ADDRESS:		
17. RESIDENTIAL ADDRESS:	18. POSTAL ADDRESS:	
CODE:	CODE:	
19. DATE OF ADMISSION:	20. DATE OF OPERATION:	
21. ADMITTING DOCTOR:	22. REFERRING DOCTOR:	
23. GENERAL PRACTITIONER:		
24. DIAGNOSIS:		
25. NEXT OF KIN:		
INITIALS AND SURNAME:		
26. RELATIONSHIP:	27. TEL NO. (H):	
28. TEL NO. (W):	29. CELL NO.:	
30. ADDRESS:		
	CODE:	
31. CONTACT PERSON (NOT AT SAME ADDRESS):		
INITIALS AND SURNAME:		
32. RELATIONSHIP:	33. TEL NO. (H):	
34. TEL NO. (W):	35. CELL NO.:	
36. ADDRESS:		
	CODE:	
37. PERSON RESPONSIBLE FOR ACCOUNT :		
INITIALS AND SURNAME:		
38. RELATIONSHIP:	39. ID NUMBER:	
40. OCCUPATION:	41. EMPLOYER:	
42. TEL NO.: (H)		
43. TEL NO.: (W)	44. CELL NO.:	
45. ADDRESS:		
	CODE:	
46. MEDICAL AID:	47. MEMBERSHIP NUMBER:	
48. DATE COMMENCED:		
49. HOSPITAL PLAN:	50. POLICY NUMBER:	
I AM FULLY CONVERSANT WITH THE TERMS AND PROCEDURES		
FOR PAYMENT OF CLINIC ACCOUNTS AND THE CHARGES MADE ACCORDINGLY. SIGNATURE		
FOR OFFICE USE ONLY		
51. PRIVATE PATIENT - ESTIMATED COST:		
52. Z-NUMBER:		