



Dr Shyam Makanjee
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PATIENT DETAILS				
ID No:	Date of Birth: / /	Title:	File no. OFFICE USE	
Surname:	Full Names:			
Mobile number:	Home number:			
* Only complete if patient is a minor (under 18 years)				
Guardian / Parent full name and surname:				
ID number:	Contact number:			
Postal/Home Address:			Postal code:	
Email Address:				
Occupation:	Employer:	Work:		
MEDICAL AID DETAILS				
Medical Aid Name:	Plan type / Option:			
Medical Aid No:	Dependant code:	Auth. code:		
Main Members Name & Surname:				
Main Members ID No:				
We submit your account directly to your Medical scheme. Should you wish us not to submit kindly notify the practice upon leaving. By choosing this practice, you confirm that the person / patient indicated on the form is indeed a member with a valid membership on the date of consultation. All adults are liable for their own accounts regardless if they are dependants on a medical scheme. Accounts must be settled within 30 days from date of consultation. ALL private patients are to settle the account on the day of consultation.				
MEDICAL INFORMATION				
PLEASE TICK	DIABETIC	HYPERTENSION	CHOLESTEROL	OTHER:
	YES NO	YES NO	YES NO	
Please list referring Doctor or Optometrist :				
Name of GP: (General Practitioner)		Contact number:		
	Email Address:			
NEAREST FAMILY MEMBER				
Name & surname:		Relationship:		
Address:				
Mobile:	Home:	Work:		

I hereby accept that email YES NO and or SMS YES NO communication may be sent to confirm appointments, general and account information of the practice and my healthcare (i.e. collection of test results, contact lens, medical correspondences etc.)

TERMS & CONDITIONS

By signing you acknowledge that you understood and agreed to the following: You read a copy of the T&C (provided separately) and have had the opportunity to ask questions on aspects thereof that you were uncertain about. To abide by the T&C of the practice in particular the provision on the payment of accounts. To always ask even after leaving the practice if you are uncertain about something. If you keep quiet the practice staff and doctor will assume that you have understood everything and were in agreement with any processes, consents, policies or forms.

Patient / Guardian signature: _____

Date: ____/____/____