



**ST LUKE'S
HOSPICE**

St Luke's Hospice
92 Harfield Rd, Kenilworth 7708
Tel: 021 797 5335 / 021 763 3138 Fax: 086 548 3867
Email: referrals@stlukes.co.za

APPLICATION FORM – Part 1

to be completed by patient/ family

DATE

PRIVATE AND CONFIDENTIAL - PATIENT APPLICATION

PATIENT'S NAME <small>Block letters please</small>										
ID number			Date of birth							
Home language			Religion							
Single		Married		Divorced		Separated		Widowed		Race <small>(for statistical purposes only)</small>

Physical address										
	email								Postal code	
Telephone	H			W			Cell			

Name of Next of Kin <small>Block letters please</small>						Relationship to the patient?				
Physical address										
	email								Postal code	
Telephone	H			W			Cell			

Name of GP										
email / address							Tel			
Treating Doctor							Tel			
Chemist					Tel		Fax			

IF YOU BELONG TO A MEDICAL AID FUND please provide the following details

Name of Medical Aid Fund										
Scheme / Plan										
Main Member's name										
Membership number										
Are you using any other community resources? <small>please tick as applicable</small>					Yes	No			<small>please tick as applicable</small>	
Meals on wheels			Home nursing		Social worker		Church			
Other										
Do you receive a government disability grant?					Yes			No		

Reason for referral to St Luke's Hospice?

Do you give permission that any member of the Hospice Team can visit you? <small>(The team comprises of a doctor, nursing sisters, social workers and volunteers)</small>								YES		NO
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FORM COMPLETED BY					DATE						
PATIENT'S SIGNATURE					SIGNATURE GIVEN WITH PATIENT'S CONSENT <small>If unable</small>						