

Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Contact us

Tel: 0860 44 55 66 Email: homecare@lahealth.co.za

Physical address: 1 Discovery Place, Sandton 2196

Practice number: 8000190

How to complete this form

- Please fill in the form in black ink, print clearly, and write one letter per block. You can also complete the form digitally.
- Alternatively you can complete it electronically, save it and return it as stated in point 5 below.
- Where you need to choose between different options, mark your choice with an X.
- To enable LA Health to process the application quickly and accurately, please make sure that it is completed in full.
- Return the completed form to us by email to homecare@lahealth.co.za

We process your personal information in accordance with the provisions of our privacy statement <https://www.lahealth.co.za/wcm/medical-schemes/la-health/assets/la-health-privacy-statement.pdf>. By accepting these terms and conditions and/or by providing personal information to us, you agree and consent to the provisions of our privacy statement. If you do not agree or consent, please do not submit personal information to us, because we may not be able to provide our products or services to you.

You may also contact the Information Regulator at:

The Information Regulator (South Africa)
JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001
P.O Box 31533
Mr M. Mosala
Chief Executive Officer
Phone: 010 023 5200
Email: enquiries@inforegulator.org.za

1. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

Residential address:

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Code	<input type="text"/>

2. About the treating doctor

Full name and surname	<input type="text"/>
Practice number	<input type="text"/>
Speciality	<input type="text"/>

LAHHC001

Telephone

Email

Address:

Suite/Unit number

Complex name

Street number

Street name

Suburb

Post code

3. Therapeutic area required

Mark the applicable section with an X, and complete.

IV infusions

Eligibility criteria

- Patient is deemed clinically stable to receive home infusions by referring doctor.
- In the case of Polygam infusions, the initial dose will have to be administered under the supervision of the referring doctor, before starting with home infusions.
- Medicine is subject to normal Scheme Rules, review and approval processes.

Valid script attached? Yes No

Please note:

- Valid script needs to be attached to this application form which includes the duration of treatment upon discharge from hospital.
- If the patient is receiving IV medicine as an outpatient, a valid script must be submitted 24 hours before the next dose that has to be administered by the Discovery Home Care nurse.
- Do you and your patient agree to the use of generic medicine for the prescription? Yes No

Wound care

Conservative wound care can be offered and is subject to normal Scheme Rules and approval processes.

- Post-operative wounds requiring wound care will be reviewed on a case-by-case basis.

Wound description

Diagnosis

Moderate/Severe

Location

Size estimate(length, width and depth)

History of wound

Existing chronic conditions

Pictures of wound(s) attached Yes No

End-of-life care

Eligibility criteria

- End-of-life care is subject to Scheme Rules and the normal review and approval processes.
- Valid script with required medicine where appropriate.
- For end-of-life care related to oncological conditions, the Advanced Illness Benefit application form will have to be completed.

Advanced Illness Benefit application form attached? Yes No

Care Worker Support

- Care Worker Support indicates assistance with activities of daily living.
- An initial face-to-face or telephonic assessment will be conducted in hospital or at home.
- All services provided for daily living requirements are at the patient's own cost.

Postnatal

Eligibility criteria

- Within the first six weeks after delivery.
- Not applicable if own midwife is used for delivery.
- Prior authorisation required (available during office hours).

This service offers home visits for healthy mothers and their babies. This service includes three day visits by a midwife, within six weeks postnatal period.

Date of service 1. - - 2. - -
3. - -

Confinement authorisation number

Confinement admission date and time

Confinement discharge date and time

Confinement discharge date declaration (discharge date declaration below to be signed by doctor, unit manager or midwife).

I,

was discharged with baby at

On this day of 20

Signature

4. Terms and conditions

Discovery Home Care is a service provider that offers high-quality home-based care by professional nurses and qualified care workers.

Discovery Home Care is a wholly owned subsidiary of Discovery Health (Pty) Ltd.

Terms of engagement

- Receiving care from Discovery Home Care is entirely voluntary and specifically requested by you (as the treating doctor) or your patient and as in the best interest of the patient.
- The home care may be discontinued at any time, if:
 - You, the treating doctor or the Home Care nurse feels it is in the patient's best interest, or
 - The treatment plan agreed on is not followed.
- As the condition of the patient improves, they may be exposed to other interventions that are necessary to maintain their ongoing wellness.
- Regular patient progress reports will be provided and may include photographs and recommendations, as appropriate.

I agree to the terms and conditions above.

Signature:

Date - -