

# Screening Assessment Exception Form

**Contact details**

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • [www.lahealth.co.za](http://www.lahealth.co.za)

**Who we are**

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is the medical scheme that you are a member of. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

**Purpose of the form**

You complete this form to manage an exception process for the manual capturing of Screening Assessment metrics for members outside of South Africa and members within South Africa who do not have access to healthcare providers in the Scheme's Network.

Please make sure you are using the most up-to-date form. Download the latest version of all forms from [www.lahealth.co.za](http://www.lahealth.co.za) > Find a document.

**How to complete this form**

This form must be completed and emailed to [healthchecks@discovery.co.za](mailto:healthchecks@discovery.co.za).

**1. Healthcare professional details**

Surname	<input type="text"/>										
First name(s)	<input type="text"/>										
Practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Speciality	<input type="text"/>	
Date	D	D	M	M	Y	Y	Y	Y	Telephone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>										

**2. Member's details**

Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's surname	<input type="text"/>								
Member's names	<input type="text"/>								

**3. Screening for adults (18 years and older)**

<b>Blood pressure</b>	Systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Diastolic	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Body mass index</b>	Height	<input type="text"/>	<input type="text"/>	cm	Weight	<input type="text"/>	<input type="text"/>	kg
	Abdominal circumference	<input type="text"/>	<input type="text"/>	cm				
<b>Blood glucose</b>	Random glucose	<input type="text"/>	<input type="text"/>	mmol/l	HbA1c	<input type="text"/>	<input type="text"/>	%
<b>Cholesterol</b>	Total cholesterol	<input type="text"/>	<input type="text"/>	mmol/l	HDL	<input type="text"/>	<input type="text"/>	%
	LDL	<input type="text"/>	<input type="text"/>	mmol/l	Triglycerides	<input type="text"/>	<input type="text"/>	mmol/l

**4. Screening for children (2 - 18 years old)**

<b>Blood pressure</b>	Systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Diastolic	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Body mass index</b>	Height	<input type="text"/>	<input type="text"/>	cm	Weight	<input type="text"/>	<input type="text"/>	kg
	Abdominal circumference	<input type="text"/>	<input type="text"/>	cm				
Healthcare provider signature	<input type="text"/>						Date	<input type="text"/>
		D	D	M	M	Y	Y	Y