



BORROWDALE PRIVATE HOSPITAL
AND CRITICAL CARE

Front Sheet

Hospital Number
Ward

PATIENT DETAILS		NEXT OF KIN/ CONTACT	
Surname	<input type="text"/>	Name	<input type="text"/>
Forenames	<input type="text"/> Dr/Pro/Mr/Mrs/Ms/Miss	Address	<input type="text"/>
Residential Address	<input type="text"/>	Tel No. H <input type="text"/> B <input type="text"/>	
Tel No. H	<input type="text"/>	Cell Phone (s)	<input type="text"/>
Date of Birth	<input type="text"/> Race <input type="text"/>	Relationship	<input type="text"/>
Religion	<input type="text"/>	Consultant	<input type="text"/>
Employer's Name (if applicable)	<input type="text"/>	Provisional Diagnosis	<input type="text"/>
Address	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Date of Admission	<input type="text"/> Time <input type="text"/>	Name of Medical Aid Society	<input type="text"/>
Date of Discharge	<input type="text"/> Time <input type="text"/>	Medical Aid No.	<input type="text"/>
		Member's Name	<input type="text"/>
			<input type="text"/>

LEAVING HOSPITAL AGAINST MEDICAL ADVICE

I, MR/ MISS/ MRS/ MS/ DR _____, have taken my own discharge from hospital against medical advice

Signature _____ Date _____ Witness _____

Relationship _____ Time _____ Designation _____