

Admission Form- Kamdebo Care Lodge

Name of Patient	
Home Language	
Admission Date	
Id Number	
Birthday	
Diagnoses	
Allergies	
Funeral Parlor	
Medical Aid	
Medical Aid number	
Main Member	
Closest Family and Friends:	
Name:	
Relationship:	
Tel no: Werk	
Home	
Cel	
Tel no: Werk	
Home	
Cel	
Responsible person	
Name and Surname	
Relationship	
Id No	
Tel no: Work	
Home	
Cel	
Chemist and Tel number	
Home Doctor and tel number	
Specialist and telnumer	
Date Left:	