



DR TIENIE VAN ROOYEN
PLASTIC AND RECONSTRUCTIVE SURGEON
MBCHB(PRET) MMED(PLASTSURG)(PRET)

PATIENT INFORMATION

NAME AND SURNAME:					
ID NUMBER OR D.O.B:		TITLE:		LANGUAGE:	
CELL NUMBER:		HOME/WORK NUMBER:			
E-MAIL ADDRESS:					
HOME ADDRESS:		POSTAL ADDRESS:			

MAIN MEMBER

(IF PATIENT IS THE MAIN MEMBER THEN LEAVE BLANK / THIS SECTION IS OPTIONAL FOR CASH PATIENTS)

NAME AND SURNAME:					
ID NUMBER OR D.O.B:		TITLE:		LANGUAGE:	
CELL NUMBER:		WORK / HOME NR:			
E-MAIL ADDRESS:					
HOME ADDRESS:		POSTAL ADDRESS:			

MEDICAL-AID INFORMATION

MEDICAL AID NAME:		PLAN:	
MEMBERSHIP NUMBER:		DEPENDANT CODE:	
REFERRING DOCTOR :		NUMBER:	
GENERAL PRACTITIONER:	(optional)	NUMBER:	

EMERGENCY CONTACT

NAME AND SURNAME:		CELL:	
RELATIONSHIP:		ALT NUMBER:	(Optional)

CONSULTATION FEE R 1 200.00



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PATIENT HISTORY

DO YOU HAVE ANY CONTAGIOUS DISEASES E.G. HEPATITIS, HIV ETC?				Y	N		
IF YES, PLEASE ELABORATE:							
DO YOU HAVE ANY SYSTEMIC ILLNESSES?				Y	N		
IF YES, PLEASE ELABORATE:							
HAVE YOU USED REACUTANE IN THE LAST 6 MONTHS? DOSAGE?				Y	N		
DO YOU HAVE:							
DIABETES	Y	N	STOMACH DISORDERS I.E. ULCERS	Y	N		
ASTHMA	Y	N	SMALL INTESTINE I.E. ULCERS IN SMALL	Y	N		
THYROID DYSFUNCTION	Y	N	LARGE INTESTINE DISEASE, I.E. SPASMS,	Y	N		
PORPHYRY	Y	N	KIDNEY DISEASE, I.E. KIDNEY STONES	Y	N		
EPILEPSY	Y	N	LIVER DISEASE, I.E. HEPATITIS	Y	N		
GOUT	Y	N	SPLEEN	Y	N		
PSORIASIS	Y	N	NECK PAIN, BACK ACHE	Y	N		
LOW BLOOD PRESSURE	Y	N	HIATUS HERNIA/HEARTBURN	Y	N		
HIGH BLOOD PRESSURE	Y	N	STROKE	Y	N		
HEART DISEASE	Y	N	ARTHRITIS	Y	N		
LUNG DISEASE	Y	N	OTHER:				
DO YOUR WOUNDS HEAL BADLY?						Y	N
DO YOU HAVE A BLEEDING DISORDER?						Y	N
DO YOU HAVE SORE SPOTS IN THE NOSE?						Y	N
DO YOU BRUISE EASILY?						Y	N
DO YOU SMOKE? FOR HOW LONG AND HOW MANY A DAY?						Y	N
DO YOU USE DISPRIN?						Y	N
HAVE YOU EVER HAD BLOOD CLOTS IN THE LEGS?						Y	N
DO YOU HAVE UNSIGHTLY SCARS – RAISED, ITCHY, AND PAINFUL?						Y	N
ARE YOU PREGNANT?						Y	N
WHEN WAS YOUR LAST NORMAL MENSTRUATION DATE?						Y	N
REACTIONS TO ANAESTHETIC: Do you suffer side-effects from:							
1. Local anaesthetic (at the dentist)				Y	N		
2. General anaesthetic (nausea etc.)				Y	N		
PREVIOUS SURGERY: (Estimated dates and details)						Y	N
DO YOU TAKE ANY MEDICATION? PLEAE LIST THE NAMES AND DOSAGE BELOW:						Y	N
DO YOU HAVE ANY ALLERGIES?						Y	N
HAVE YOU SUFFERED FROM ANY UNPLEASANT SIDE-EFFECTS FROM PREVISOU SURGERY? (ie. Infection, prolonged healing)							



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DISCLAIMER

I, _____, hereby give permission to the Practice of Dr. Tienie van Rooyen (Practice no. 3601374) to take photographs of me for the purpose of demonstration and record keeping during consultation.

I understand that these photographs may be of a personal nature and I give doctor van Rooyen and his practice my consent to use these photographs and my personal information (patient information, pathology reports, medical history etc.) for the purpose of demonstration and record keeping during consultation and/or act as supporting documentation when requested by my medical aid or relevant doctors (including their staff) with any of the above mentioned information. _____ (initial).

Please note that all doctors and staff will handle your information with care and in a professional capacity. I, _____ hereby confirm that I understand the above disclaimer and that I agree to give my full consent as described above. _____(initial).

Signature _____

Date: _____

COSMETIC PATIENTS

Theatre bookings can be made after a payment of **R1000 - 00**. This amount is not refundable if you cancel at any time. Once you have received your quotation you can contact us in order to book a theatre date.

PLEASE NOTE THE FOLLOWING

- Cosmetic procedures must be paid in full at least 7 days prior to the date of operation.
- Quotations take 3-5 working days.
- Your consultation fee covers your follow-up appointments.

PATHOLOGY

Please note that you may receive a bill from the pathologist. If your medical aid does not cover this bill it will be for your own expense. We can unfortunately not determine the cost of pathology beforehand as this is determined by the sample and size thereof. Generally cancers and breast reduction (male and female) will have samples sent to the lab. Most laboratories will accept payment arrangements on request.

Signature

Date



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MEDICAL AID PATIENTS

Due to various problems with the approval and payment of medical claims, the practice of Dr. M (Tienie) van Rooyen unfortunately had to withdraw from its payment agreement with all medical-aids as of 1 December 2013. Therefore the full payment of Dr. van Rooyen's account is solely the responsibility of the patient. We do not charge scheme tariffs; therefore you may be subject to a co-payment. You are required to apply for authorization from your medical aid for your procedure. Unfortunately our practice does not handle this process. We will supply you with the necessary codes in a letter of motivation. This letter may take a week or more to complete depending on the nature of the letter. Because we do not have any agreements with any medical aid schemes, your scheme may pay the money directly into your bank account.

Please note that we are notified when payment is made to you by your scheme. Once your scheme has paid you, you are required to settle your full account with Dr van Rooyen within 1 week. It is your responsibility to make sure that you have received all your accounts.

GEMS: Please note that due to problems with payments from **GEMS**, patients that subscribe to this scheme need to pay the quotation from Dr van Rooyen up front and claim directly from their scheme after the procedure.

PLEASE NOTE THE FOLLOWING

- Motivational Letters take 1-2 weeks.
- Your consultation fee covers your follow-up appointments.
- Please note that accounts that are in arrears for more than 30 days are subject to added interest.

PATHOLOGY

Please note that you may receive a bill from the pathologist. If your medical aid does not cover this bill it will be for your own expense. We can unfortunately not determine the cost of pathology beforehand as this is determined by the type of sample and size thereof. Generally cancers and breast reduction (male and female) will have samples sent to the lab. Most laboratories will accept payment arrangements on request from the patient.

CONSENT TO THE FEES BEING CHARGED BY THIS PRACTICE

I, _____ do hereby:

- Acknowledge that I have been informed that this practice does not charge the rates that the Department of Health has unilaterally determined for doctors and which are known as the Reference Price List (RPL);
- Confirm that I am aware that the RPL values for services are available from the Department of Health (Tel no: 012 312 000) and the Health Professions Council of South Africa (Tel no: 012 338 9300) and www.doh.gov.za;
- Accept that I am fully responsible for payment for services rendered and should I not pay timeously, understand that I will be liable for debt recovery costs of an attorney and own client scale.

Signature

Date