



LET'S
TALK
ABOUT
GENETICS

PATIENT INFORMATION SHEET

Personal Information

Surname:	Name:	Title:
Preferred language:	Date of birth:	
Nationality:		
ID number:		
Tel (H):	Tel (W):	
Cell:	Email:	
Home address:		
Occupation:	Employer:	
Work address:		

Medical Aid

Fund:	Medical aid number:
Member's name:	Dependent code:
Option/plan:	

Referring Doctor/Clinic

Name:	Telephone number:
Address:	
Email:	

Next of Kin (not at the same address)

Surname:	Name:	Title:
Tel (H):	Tel (W):	
Cell:	Email:	
Home address:		

Reason for Consultation

Proffered means of consultation:	Online <input type="checkbox"/>	In-person <input type="checkbox"/>
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