



DISEASE MANAGEMENT APPLICATION FORM

A. IMPORTANT INFORMATION

1. You need to complete this application form to enrol on the Scheme's Disease Management Programme
2. An application must be completed per beneficiary applying for enrolment
3. You will receive an SMS confirming your enrolment on the programme
4. Send forms via fax 041 395 4599, mail PO Box 1672, Port Elizabeth, 6000 or e-mail wellbeing@providence.co.za.

B. BENEFICIARY DETAILS

Scheme	Option
Membership Number	
Surname	First Names
Title	Date of Birth
Telephone number (Home)	(Work)
Fax number (Confidential)	Cellular
Email address (Confidential)	
Postal Address	
Code	

C. HEALTH INFORMATION

Medical History Family History: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, supply details <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Recent Hospital admissions <input type="checkbox"/> Y <input type="checkbox"/> N <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Have you ever utilised or been referred to the following services: (Please tick) <input type="checkbox"/> Dietician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Specialist Physician <input type="checkbox"/> Healthy Start Program <input type="checkbox"/> Psychologist/Counsellor	
Health Indicators: Weight <input type="text"/> kg Height <input type="text"/> m Hip/Waist ratio <input type="text"/> Alcohol use <input type="checkbox"/> Y <input type="checkbox"/> N Ave/day <input type="text"/> Smoker <input type="checkbox"/> Y <input type="checkbox"/> N Ave/day <input type="text"/> How long have you smoked <input type="text"/> When did you stop <input type="text"/> Exercise: Frequency <input type="text"/> X per week Intensity: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Min/day <input type="text"/> Heart Rate: <input type="text"/> Allergies? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, supply details <input type="text"/>	

