

EAR, NOSE & THROAT SURGEON / OOR, NEUS & KEEL SPESIALIS

Account Number
Rekening Nommer

1. PATIENT INFORMATION PASIËNT BESONDERHEDE

| | | |
|-----------------------------------|---------------------|----------------------------|
| Surname Van | | Mr/Mrs/Miss Mnr/Mev/Mej |
| First Names Voorname | | Sex Geslag |
| I.D. No. I.D. Nr. | | |
| Date of Birth Geboortedatum | | Age Ouderdom |
| Tel. | Cell No. Sel Nr. | |
| Physical Address Fisiese Adres | | |
| | | Code Kode |
| E-Mail E-Pos | | |

5. DATE FIRST SEEN DATUM VAN EERSTE BESOEK

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6. PROBLEMS/DIAGNOSIS PROBLEME/DIAGNOSE

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2. PERSON RESPONSIBLE FOR ACCOUNT PERSOON VERANTWOORDELIK VIR REKENING

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|-----------------------------------|---------------------|----------------------------|
| Surname Van | | Mr/Mrs/Miss Mnr/Mev/Mej |
| First Names Voorname | | |
| I.D. No. I.D. Nr. | | |
| Date of Birth Geboortedatum | | Age Ouderdom |
| Tel. | Cell No. Sel Nr. | |
| Physical Address Fisiese Adres | | |
| | | Code Kode |

7. DOCTORS DOKTERS

| | |
|---------------------|--------------|
| Referring Verwys | |
| Address Adres | |
| | Code Kode |
| Tel. | |
| G.P. Huisdokter | |
| Address Adres | |
| | Code Kode |
| Tel. | |

3. MEDICAL AID MEDIËSE FONDS

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| Medical Aid Mediese Fonds | |
| Medical Aid Number Mediese Fonds Nommer | |
| Plan/Option Plan/Opsie | |
| Main Member's Name Hooflid se Naam | |

4. PAST MEDICAL HISTORY MEDIËSE GESKIEDENIS

| | |
|----------------------------------|--------------------|
| Congenital | |
| Allergies Allergië | Asthma Asma |
| | Drugs Medikasie |
| Diabetes Suikersiekte | |
| Rheumatic Fever Rumatiekkoors | |
| OTHER ANDER | |
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8. PAST SURGICAL HISTORY OPERATIEWE GESKIEDENIS

DATE
DATUM

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Main Complaint
Hoofklagte _____

HMC _____

Past History
Vorige Geskiedenis _____

**EXAMINATION
ONDERSOEK**

EARS
ORE



Pinna
Canal

TM & ME
Weber
Rinne
Tymp
Audio
Caloric



| | | | | |
|----------------------|-------------------------------|---|----------------------------|--------------------|
| NOSE NEUS | External Uitwendig | Nasal Cavaties Nasale Holtes | Sinuses Sinusse | Nasopharynx |
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|------------------------|---|---|
| THROAT KEEL | Mouth & Oropharynx Mond & Oropharynx | Larynx & Hypopharynx Larinks & Hypopharynx |
| | | |

**CRANIAL NERVES
KRANIALE SENUWEES**

R

I II III IV V VI VII VIII IX X XI XII

L

**HEAD
KOP
NECK
NEK**

**INVESTIGATIONS
ONDERSOEKE** _____

**ASSESSMENT
EVALUERING** _____

**DIAGNOSIS
DIAGNOSE** _____

**TREATMENT
BEHANDELING** _____

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| OPERATIONS OPERASIES DATE DATUM (1) | ANAESTHETIST NARKOTISEUR | HOSPITAL HOSPITAAL |
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| OPERATIONS OPERASIES DATE DATUM (2) | ANAESTHETIST NARKOTISEUR | HOSPITAL HOSPITAAL |
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| OPERATIONS OPERASIES DATE DATUM (3) | ANAESTHETIST NARKOTISEUR | HOSPITAL HOSPITAAL |
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**HISTOLOGY
HISTOLOGIE
DATE
DATUM**