



Be Smart. Keep it Simple.

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Health Assessment Form

Date

Full name

ID number

Membership number

Gender

Dependant code

Age

Health Assessment Results

Body Mass Index (BMI) kg/m²

Random glucose (finger prick test) mmol/l

Total cholesterol (finger prick test) mmol/l

Blood pressure
 Systolic mmHg
 Diastolic mmHg

Blood drawn for PSA

If yes, to which pathologist was the blood sample sent?

DSP pharmacy name

Practice number

Practice contact number

Patient consent

I hereby give consent that the Health Assessment test be disclosed to KeyHealth Medical Scheme for the purpose of clinical assessment and management of my personal healthcare.

Patient signature

Date - -

For billing purposes utilise the following nappi code NP716763.
Please fax the completed form to 012 679 4471.

IMPORTANT:
BENEFIT FOR THE WEIGHT LOSS PROGRAMME WILL ONLY BE CONSIDERED AFTER RECEIPT OF THE COMPLETED HEALTH ASSESSMENT FORM BY A DSP PHARMACY AND IF THE RESULTS ARE WITHIN THE REQUIRED PARAMETERS