



Dr Herman Spies

Patient Details:

Surname: _____ Title: _____. Home Language: _____.

Full Names 1. Main Member: _____ ID No.: _____.

2. Spouse: _____ ID No.: _____.

3. Child: _____ Birth Date: _____.

4. Child: _____ Birth Date: _____.

5. Child: _____ Birth Date: _____.

6. Child: _____ Birth Date: _____.

Medical Aid Details:

Medical Aid Name: _____ Address: _____.

Medical Aid Option: _____.

Medical Aid Number: _____.

Date Issued: _____.

Addresses and Telephone Numbers:

Home Address: _____ Home Tel. No.: _____.

_____ Cell. No. Main Member: _____.

_____ Cell. No. Spouse: _____.

Postal Address: _____ eMail Main Member: _____.

_____ eMail Spouse: _____.

_____.

Work Name & Address Main Member: _____ Work Tel. No.: _____.

_____.

_____.

Work Name & Address Spouse: _____ Work Tel. No.: _____.

_____.

_____.

Next of Kin: _____ Tel. No.: _____.

(Not Own Address) _____.

_____.

_____.

_____.

_____.

Where did you hear about the practice?

Please indicate:

- Internet search engine (please specify): _____
- Website (address used): _____
- Referred by (please name): _____
- Business card (received from/at): _____
- Signage on building: _____
- Advertisement in (please name): _____
- Other: (please name): _____

Agreement:

I, _____ (Full Names) confirm that the details provided are correct. I further agree to pay my account in full on the day of the consultation and/or treatment, either by Cheque, Cash, EFT or Credit Card. I understand that I will be held liable for any appointments made, that are not kept, unless the appointment has been cancelled at least 2 days in advance.

I understand that Dr Spies is practising as a Natural/Alternative health practitioner using, amongst others Homeopathic and Chinese herbal medicines (under the Allied Health Professions Council of SA). All statements therefore provided reflect a Homeopathic practice number and codes. Dr Spies can not be held responsible for any medicines or services not reimbursed by the relevant medical aid.

I understand that Dr Spies is not practising as a GP (under the Health Professions Council of SA). If Dr Spies deems it more appropriate to consult as a GP in particular situations, he will first motivate why, and only after obtaining written consent, proceed in his capacity as a General Practitioner.

Signed at Cape Town on ____ / ____ / 20 ____.

Account Holder.

Witness.

For Practice.