

### CONFIDENTIALITY

Please be assured that the information you provide in this document will be treated as strictly confidential and only be viewed by the core medical team.

### PERSONAL DETAILS

Name & Surname	
Date of Birth	
Age	
Gender	
South African ID number	
Cell Number	
Residential Address	

### IN CASE OF AN EMERGENCY - NEXT OF KIN

Name	Contact Number	Relationship

### EMERGENCY INFORMATION

Have you ever been diagnosed with a heart condition or currently have a heart condition	Yes / No
Are you diabetic? if yes state whether insulin or none – insulin	Yes / No
Do you have Asthma or other lung disease	Yes / No
Do you have any allergies / indicate type of allergy	Yes / No

Medical Aid Name	Contact Number	Medical Aid Number