

## HEALTH-NET TRANSPORT AUTHORITY FORM

**Referring Facility Contact Details**

Tel:

Fax:

Referring person (Doctor or Professional Nurse)

Name	
Date	
Signature or Stamp	

PLACE STICKER FROM REFERING FACILITY BELOW OR WRITE

Patient Name			
Hosp Number			
Address			
Identity number			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Telephone no			
Name of Hospital	Worcester	Brewelskloof	Paarl
Mark with X ( <i>referring to</i> )	<input type="checkbox"/> Tygerberg	<input type="checkbox"/> Groote Schuur	<input type="checkbox"/> Red Cross War Memorial Childrens Hospital
Is the patient for	<input type="checkbox"/> New appointment	<input type="checkbox"/> Follow-up appointment	
Name of Clinic			
Appointment date			

**HEALTH-NET Authorisation**

Health-Net booking Ref number:

<b>Booking made by:</b>	<b>Name:</b>	<b>Contact number</b>
-------------------------	--------------	-----------------------

Specialist Follow Up Transport Request - from TBH / RXH / GSH (circle appropriately)  
(to be completed by specialist)

Name of doctor	
Date	
Signature or Stamp	

PLACE STICKER FROM REFERING FACILITY BELOW OR WRITE

Patient Name						
Hosp Number						
Address						
Identity number						
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female			
Telephone						
Follow up Clinic (circle)	<input type="checkbox"/> ENT	<input type="checkbox"/> EYE	<input type="checkbox"/> Oncology	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Surgery	<input type="checkbox"/> Medicine
	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Paeds	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Radiology	<input type="checkbox"/> Other (specify):	
Follow up ? YES / NO (circle)	<input type="checkbox"/> REFER BACK TO LOCAL DR			<input type="checkbox"/> 4 WEEKS	<input type="checkbox"/> 6 WEEKS	<input type="checkbox"/> 3 MONTHS
				<input type="checkbox"/> OTHER (Specify):		
Referral letter back to Geographic Service area	<input type="checkbox"/> Yes	<input type="checkbox"/>	<b>Patients should only be re-booked at Central Hospitals with clear indication. Note: Facility/person who gives an appointment date for the patient, is responsible for the Health-Net transport booking.</b>			
	<input type="checkbox"/> No	<input type="checkbox"/>				

HEALTHNET AUTHORIZATION	Health-Net Booking ref Nr:
Booking made by: NAME	Contact Number