METHEALTH NAMIBIA
ADMINISTRATORS

Confidential

# ADMISSIONS TO PSYCHOTHERAPEUTIC CENTRE

(DSM form for pre-Authorisation purposes)

PARTICULARS OF THE PATIENT

| | |
|---|---|
| PATIENT'S FULL NAME | |
| ID NUMBER/DATE OF BIRTH | |
| MEDICAL AID | |
| MEMBER NUMBER | |
| CONTACT NUMBER | |

PARTICULARS OF PRINCIPAL MEMBER

| | |
|---|---|
| FULL SURNAME & SURNAME | |
| ID NUMBER/DATE OF BIRTH | |

ADMITTING PSYCHOTHERAPEUTIC CENTRE AND PARTICULARS OF MEDICAL PRACTITIONER

| | |
|---|---|
| FULL NAME | Okonguarri Psychotherapeutic Centre |
| Practice No. | |
| Telephone No. | 067-697033 |
| Email address (for Authorisation purposes) | referrals@okonguarri.com |
| CONTACT NUMBER | |
| NAME OF THE CENTER | Okonguarri Psychotherapeutic Centre |
| Practice No. | |
| CONTACT PERSON & # | Thea Bezuidenhout |
| Email address (for Authorisation purposes) | referrals@okonguarri.com |

PSYCHIATRIC DIAGNOSIS

| | |
|---|---|
| AXIS I: Clinical Diagnosis e.g. Major Depressive episode<br>In the case of MDD, indicate score on a depression scale | |
| AXIS II: Personality type or Intellectual Disorder<br>if applicable, if not defer | |
| AXIS III: General medical condition if applicable e.g. Diabetes2 | |
| AXIS IV: Psychosocial and Environmental Factors | |

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| AXIS V: GAF Scale | |
|---|---|

PRESENTING SYMPTOMS

| |
|---|
| |

RISK FACTORS, ex suicidal ideation:

| |
|---|
| |

TREATMENT HISTORY BY GP (*including vitals)* AND/OR PSYCHOLOGIST

| |
|---|
| |

| Medication<br>Client Psychiatric Rx | Dosage/Quantity | |
|---|---|---|
| | Existing | Proposed |
| | | |
| | | |
| | | |

CHRONIC CONDITIONS

| | | |
|---|---|---|
| | | |

FURTHER COMMENTS (Needs immediate admission)

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|---|
| |

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|---|---|
| Proposed date of admission | |
| Proposed Length of stay | |
| Prognosis with in-house treatment | |

Urgency of admission: ASAP URGENT VERY URGENT

_____ _____

Dr.

REFERRING MEDICAL PRACTITIONER

REFERRING CLINICAL PSYCHOLOGIST