

PSYCHIATRIC APPLICATION FORM

MOTIVATION FOR PSYCHIATRIC ADMISSION

Please complete this form if your patient should be admitted to a healthcare facility for further psychiatric evaluation and care.

PLEASE USE BLOCK LETTERS FOR ALL SECTIONS

*Compulsory fields

1. MEMBER AND PATIENT INFORMATION

MAIN MEMBER DETAILS

Membership number																			
Medical scheme name																			
Title		Initials		ID number*															
Full name and surname																			
Email address																			

PATIENT DETAILS

Dependant code																					
Title		Initials		ID number*																	
Full name and surname																					
Contact numbers											Home										
											Cell phone										
Postal address																					
																Postal code					
Email address																					

2. MEDICAL PRACTITIONER'S INFORMATION AND HEALTHCARE FACILITY DETAILS

PSYCHIATRIST'S DETAILS

Full name and surname																				
Practice number											Contact number									
Email address																				

HOSPITAL/FACILITY DETAILS

Hospital/facility name																				
Practice number											Contact number									
Email address																				

ADMISSION DETAILS

Date of admission	D	D	M	M	Y	Y	Y	Y	Time of admission											
Diagnosis on admission																				
Authorisation number*																				
Membership number											Doctor's practice number									

3. CLINICAL EXAMINATION

LEVEL OF CARE REQUIRED

☐ Assisted ☐ Day ☐ Emergency ☐ Involuntary ☐ Voluntary

DSM-V DIAGNOSIS

Axis I ☐ Bipolar disorder ☐ Major depression ☐ Schizophrenia
☐ Substance abuse disorder – please specify substance: _____
☐ Other (please specify): _____
ICD-10 code: _____

Axis II ☐ Cluster A ☐ Cluster B ☐ Cluster C ☐ Deferred

Axis III
ICD-10 code: _____

Axis IV

Axis V ☐ 1 – 10 ☐ 11 – 20 ☐ 21 – 30 ☐ 31 – 40 ☐ 41 – 50

INDICATION FOR HOSPITALISATION

Please note that the medical scheme will only consider cover for specific indications of acute-phase treatment.

☐ Acute crisis intervention ☐ Mania ☐ Psychosis
☐ Other ☐ Suicide ideation ☐ Suicide attempt ☐ Supervised adjustment of treatment

If other, please specify: _____

PROPOSED TREATMENT PLAN

Medication and dosage

Medication name	Dosage

Membership number

Doctor's practice number

3. CLINICAL EXAMINATION (CONTINUED)

PROPOSED TREATMENT PLAN (CONTINUED)

Counselling and therapy

Discipline	Practice name	Practice number	Number of sessions	Duration of sessions	Individual/group sessions
Clinical/counselling psychologist					
Occupational therapist					
Social worker					
Other** (including general practitioner, specialist, etc.)					

****Motivation required**

SPECIAL INVESTIGATIONS

ADDITIONAL TREATMENT

Electroconvulsive therapies ☐ Yes ☐ No If 'yes', please specify ☐ Inpatient ☐ Outpatient

Proposed length of stay days

Discharge plan ☐ Yes ☐ No

Chronic registration ☐ Yes ☐ No

Psychiatrist signature	<div></div>	Date	<div>D</div>	<div>D</div>	<div>M</div>	<div>M</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>
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Membership number

Doctor's practice number

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CONTACT DETAILS MATRIX

Momentum Health

Scheme name	Contact number	Email address
BP Medical Aid Society	0800 007 092	hmbpmas@metropolitanhrm.co.za
Fishmed	0861 888 118	hrmfishmed@metropolitanhrm.co.za
Golden Arrow Employees' Medical Benefit Fund	0861 888 118	hrgafm@metropolitanhrm.co.za
Imperial Motus Med	0860 467 374	hrm@imperialmotusmed.co.za
Momentum Medical Scheme	0860 117 859	National Hospital Network (NHN): NHNUpdates@momentum.co.za Life Healthcare (LHC): LHCUpdates@momentum.co.za Mediclinic (MCC): MCUpdates@momentum.co.za Netcare: NCUpdates@momentum.co.za
Moto Health Care	0861 000 300	National Hospital Network (NHN): NHNUpdates@momentum.co.za Life Healthcare (LHC): LHCUpdates@momentum.co.za Mediclinic (MCC): MCUpdates@momentum.co.za Netcare: NCUpdates@momentum.co.za Other hospital groups: auths@mhcmmf.co.za
Pick n Pay Medical Scheme	0860 767 633	hrm@pnpms.co.za
PG Group Medical Scheme	0860 005 037	hmpgg@metropolitan-caseman.co.za
Wooltru Healthcare Fund	0800 118 666	hrm@wooltruhealthcarefund.co.za

Momentum Medical Scheme and Moto Health Care practice 55 facilities

Please note that the following practice 55 facilities must use the email address mmsa-psychiatry@momentum.co.za.

Practice number	Healthcare facility
434655	Akeso Alberton
726419	Akeso Arcadia
165034	Akeso Crescent (Rand) Clinic
615021	Akeso George
607053	Akeso Milnerton Specialised Psychiatric Clinic
691429	Akeso Nelspruit
455040	Akeso Parktown
412155	Akeso Pietermaritzburg
5500206	Akeso Stepping Stones Clinic (Kommetjie)
615935	Akeso Umhlanga
628093	Beethoven Recovery Centre
287962	Bloemcare (Pty) Ltd
601691	C.A.R.E Clinic (Westville)
615838	Cape Gate Neuro Clinic (Vredeloof)
5500184	Crescent Clinic (Claremont, Cape Town)
677302	Evexia Psychiatric Day Hospital (Menlyn)
810711	Evexia Psychiatric Day Hospital (Midstream)
543756	Fisha Wellness Hospital
710024	Kgatelopele Wellness Centre
519081	Kim-Med Mental Health Institute
422193	Life Healthcare Glynnview Hospital
462128	Life Healthcare Poortview Hospital

Practice number	Healthcare facility
5706297	Life Healthcare St Joseph's Hospital
31976	Life Path Group – Pines Clinic
213055	Life Path Group – Sereno Clinic
62251	Life Path Group – Tijger Clinic
651109	Life Path Group – West Beach Clinic
675245	M-Care Durbanville Wellness
366935	M-Care Optima (Bloempsych)
739367	M-Care Optima @ RustenVrede
480037	M-Care Umhlanga
556866	Melomed Private Clinic (Claremont)
498289	Mental Health Institutions
5500176	MMHS Parkmed Neuro Clinic
481564	Montrose Manor
548197	Nurture Harmony Substance Abuse Clinic, Hout Bay
468029	Nurture Woodlands
787647	Nuture Mondisa Sunnyside
831646	RH Bell Clinic
5709008	Riverview Manor
670782	Summit Clinic Rondebosch
735663	The Day Clinic
719048	ZwavelStream Clinic

Momentum Thebe Ya Bophelo (Pty) Ltd (Momentum TYB)

Scheme name	Contact number	Email address
Medimed	0861 777 660	casemanagers@medimed.co.za
Rhodes University Medical Scheme (RUMed)	0861 727 773	casemanagers@rumed.co.za
Sisonke Health Medical Scheme	0860 104 012	casemanagers@sisonkehealth.co.za
Suremed Health	0860 080 888	casemanagers@suremedhealth.co.za
Thebemed	0861 843 236	casemanagers@thebemed.co.za