

PSYCHIATRIC IN-HOSPITAL EVENT FIRST PROGRESS REPORT

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										
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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

PROGRESS OR CHANGE

If your patient shows no improvement or their condition has deteriorated, please indicate a new treatment plan below.

☐ Improvement
☐ No change/improvement
☐ Deterioration

UPDATED/CURRENT TREATMENT PLAN

Medication and dosage

Medication name	Dosage

Membership number

Doctor's practice number

3. CLINICAL EXAMINATION (CONTINUED)

UPDATED/CURRENT TREATMENT PLAN (CONTINUED)

Psychotherapy

Treatment

Individual psychotherapy

Group psychotherapy

Other (please specify): _____

Ongoing

☐

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

Special investigations

Additional treatment

Electroconvulsive therapies

☐

Yes

☐

No

If 'yes', please specify

☐

Inpatient

☐

Outpatient

Group therapy attended

☐

Yes

☐

No

Proposed length of stay

days

Discharge plan

☐

Yes

☐

No

Chronic registration

☐

Yes

☐

No

Psychiatrist signature

Date

D

D

M

M

Y

Y

Y

Y

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	hrrmbpmas@metropolitanhrm.co.za
Fishmed	0861 888 118	hrrmfishmed@metropolitanhrm.co.za
Golden Arrow Employees' Medical Benefit Fund	0861 888 118	hrrmgafm@metropolitanhrm.co.za
Imperial Motus Med	0860 467 374	hrrm@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	hrrm@pnpms.co.za
PG Group Medical Scheme	0860 005 037	hrrmpgg@metropolitan-caseman.co.za
Wooltru Healthcare Fund	0800 118 666	hrrm@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	Practice number	Healthcare facility
434655	Akeso Alberton	5706297	Life Healthcare St Joseph's Hospital
726419	Akeso Arcadia	31976	Life Path Group – Pines Clinic
165034	Akeso Crescent (Rand) Clinic	213055	Life Path Group – Sereno Clinic
615021	Akeso George	62251	Life Path Group – Tijger Clinic
607053	Akeso Milnerton Specialised Psychiatric Clinic	651109	Life Path Group – West Beach Clinic
691429	Akeso Nelspruit	675245	M-Care Durbanville Wellness
455040	Akeso Parktown	366935	M-Care Optima (Bloempsych)
412155	Akeso Pietermaritzburg	739367	M-Care Optima @ RustenVrede
5500206	Akeso Stepping Stones Clinic (Kommetjie)	480037	M-Care Umhlanga
615935	Akeso Umhlanga	556866	Melomed Private Clinic (Claremont)
628093	Beethoven Recovery Centre	498289	Mental Health Institutions
287962	Bloemcare (Pty) Ltd	5500176	MMHS Parkmed Neuro Clinic
601691	C.A.R.E Clinic (Westville)	481564	Montrose Manor
615838	Cape Gate Neuro Clinic (Vredeloof)	548197	Nurture Harmony Substance Abuse Clinic, Hout Bay
5500184	Crescent Clinic (Claremont, Cape Town)	468029	Nurture Woodlands
677302	Evexia Psychiatric Day Hospital (Menlyn)	787647	Nuture Mondisa Sunnyside
810711	Evexia Psychiatric Day Hospital (Midstream)	831646	RH Bell Clinic
543756	Fisha Wellness Hospital	5709008	Riverview Manor
710024	Kgatelopele Wellness Centre	670782	Summit Clinic Rondebosch
519081	Kim-Med Mental Health Institute	735663	The Day Clinic
422193	Life Healthcare Glynnview Hospital	719048	ZwavelStream Clinic
462128	Life Healthcare Poortview Hospital		

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