



DR BRYAN G LAWRENCE

SPECIALIST SURGEON

Practice Nr: PR 0624640

MBChB (Pret), FCS(SA), MMED(Chir) (Pret)

Patient Medical Information

Patient Name and Surname: _____

ID Number _____ File Number _____ Health ID _____

Allergies: _____

Previous Operations: _____

Chronic Illnesses: _____

Medication: _____

Height: _____ Weight: _____

Full Names of Patient / Guardian

Signature

Date



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Communication Form

Patient Name and Surname: _____

ID Number _____ File Number _____

Contact person in case of a medical emergency or extended hospital stay:

Name and surname: _____

Relationship to patient: _____

Contact number: _____ Email: _____

Preferred method of communication (please only choose one option):

Telephonic / Email / Personal meeting at practice or ward (appointment will be set up as needed)

Please take note that the person listed above will be contacted in the case of an emergency or to give updates patients who require an extended stay in hospital or after extensive surgery. We will contact one next-of-kin whom will then need to update the family of the patient.

Should the family have any enquiries during the time a patient is admitted, the above contact person is also welcome to contact the practice. If we cannot assist immediately with feedback, a message will be taken and we will respond at the earliest possible time.

In the case that you are planned for surgery or an admission, please inform your family of this agreement.

Full Names of Patient / Guardian

Signature

Date