Dr. Feel Good (PR0000000)

Main Member Information

ID Type	South African ID	**ID/Passport number**	5919015056000
Surname	Stark		
Full Names	Rob		
Initials	R	**Gender**	Male
Title	Mr	**Date of Birth**	01-10-1959
Cell Number	08265656565	**Employer**	Self-employed
Email	rstark@gmail.com		

Residential Address

Hollywood Star
121 Hollywood Boulevard
LA
Hollywood
1234

Medical Aid Information

Has Medical Aid	Yes	**Name**	Premier Aid
Plan	Top Plan	**Number**	1234565432
Dependant Code	01	**Dependant Type**	Son
Gap Cover	Yes	**Company**	Mind the Gap
Policy Number	123232323		

Patient Information

ID Type	South African ID	**ID/Passport number**	7008205056098
Surname	Snow		
Full Names	John		
Initials	J	**Gender**	Male
Date of Birth	20-08-1970	**Age** (as at 09-09-2024)	54
Title	Mr	**Cell Number**	0821234567
Email	john.snow@gmail.com	**Marital Status**	Single
Residential Address		**Occupation**	Actor

12 Palace Place
Palace Road
Hollywood
Los Angeles
00034

Contact Details for Next of Kin

Name	John	**Surname**	Stark
Relationship	Uncle	**Contact Number**	0821234567
Title	Mr		

Patient: John Snow - 7008205056098 - (54 years old as at 09-09-2024)

Reason for the Appointment

Reason for Visit	A real bad pain in my shoulder
Referred by	Nobody
Phone Number	

Recent Diagnostic Tests

MRI			
X-rays	Left shoulder	01/08/2024	Midmed Radiology
Ultrasounds			
Blood tests			
Other			

Patient Medical Information

Height	181	**Weight**	110

Do you smoke or vape?	No	
Do you drink alcohol?	Yes	3 tequilas per day
Do you have high blood pressure?	No	
Do you have diabetes?	No	
Do you have asthma?	No	
Do you have high cholesterol?	No	
Do you have HIV?	No	
Do you have tuberculosis?	No	
Do you have cancer or a history of cancer?	No	
Do you have arthritis?	No	
Do you have epilepsy?	No	
Do you have a heart disorder?	No	
Do you have any liver disorder?	No	
Do you have a lung disorder?	No	
Do you have any kidney disorder?	No	
Do you have any prosthesis e.g heartvalves, hip etc?	Yes	Bionic arm
Do you use any blood thinners?	No	
Do you have hepatitis?	No	
Are you allergic to local anaesthetics?	No	
Do you have allergies to any medicine or food?	No	
Do you have any other medical condition?	No	
Are you on any chronic medicine?	No	
Do you take any other medicine?	Yes	Only my vitamins
Are you pregnant?		

PRACTICE TERMS AND CONDITIONS

If required, your practice's terms and conditions can be displayed here:

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Print Name:

Authorised Signature:

Date: