momentum

Momentum Medical Scheme Ingwe Option members

Momentum Health4Me members

Specialist referral form

This form is to be completed by the general practitioner when referring Momentum Medical Scheme Ingwe Option members, as well as Momentum Health4Me members, to a specialist. Referral to a Momentum Associated Specialist is preferred.

1: Patient's details

Membership number | Option name

Principal member's full name

Patient's full name

Dependant code | Gender Male ☐ Female ☐

Patient ID number | Date of birth D D M M Y Y Y Y

Home telephone number | Cellphone number

Postal address

Postal code

2: Referring general practitioner's information

Doctor's name

Practice number | Fax

Telephone number | Cellphone number

Email address

3: Specialist practioner's information

Specialist name

Practice number | Fax

Telephone number | Cellphone number

Email address

Specialist authorisation number | Authorisation date D D M M Y Y Y Y

4: Detail of referral

Clinical diagnosis/Professional diagnosis

Motivation for referral

ICD10 Code | Date of diagnosis D D M M Y Y Y Y

5: Patient's current medication

Diagnosis (e.g. Hypertension)	**ICD10 Code** (e.g. J10)	**Medication description**	**Strength** (e.g. 25mg)	**Directions** (e.g. 1/Daily)	**Date of diagnosis** (month and year)	**Repeats** (e.g. 6/12)
					M M Y Y Y Y	
					M M Y Y Y Y	
					M M Y Y Y Y	
					M M Y Y Y Y	

6: Special investigations done by general practitioner

Medication prescribed/dispensed	Yes ☐	No ☐	Type _____
X-rays done	Yes ☐	No ☐	Type _____
Pathology investigations done	Yes ☐	No ☐	Type _____

7: Additional information (if relevant to the diagnosis)

Weight (kg) ☐☐☐ Height (cm) ☐☐☐ BMI ☐☐☐ Waist circumference (cm) ☐☐☐

If smoker, cigarettes per day ☐☐☐

8: Signature

Signature of general practitioner _____ **Date** D D M M Y Y Y Y