

HIVCare Programme application form



Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • www.netcaremedicalscheme.co.za

This application form is to join the HIVCare Programme and to apply for antiretroviral medicine. Cover for antiretroviral medicine is available on the Netcare Medical Scheme, subject to the Scheme rules and the terms and conditions of the HIVCare Programme.

This form is valid for 2023, the latest version of the application form is available on www.netcaremedicalscheme.co.za

Who we are

Netcare Medical Scheme, registration number 1584, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the administrator") is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership for Netcare Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. A note to the treating healthcare professional: Please remember to send the patient's most recent relevant blood results with this form.
3. You (the member) must complete Section 1 to 2 of this form and sign section 2.
4. Your doctor must complete Section 3 to 7 if you need medicine.
5. Please email this completed and signed form with any support documentation to HIV@netcaremedicalscheme.co.za or fax to **011 539 3151** or post it to **PO Box 536, Rivonia, 2128**.

1. Patient details

Title	<input type="text"/>	Surname	<input type="text"/>
First name/s	<input type="text"/>		
Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	ID or passport number	<input type="text"/>
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Membership number	<input type="text"/>
Telephone	<input type="text"/>	Work	<input type="text"/>
Cellphone	<input type="text"/>		
Email address	<input type="text"/>		

Please ensure your contact details are always up to date as we rely on this information to keep you updated. You may update your details on www.netcaremedicalscheme.co.za

2. Member information (if patient is a minor)

Title	<input type="text"/>	Surname	<input type="text"/>
First name/s	<input type="text"/>		
Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	ID or passport number	<input type="text"/>
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Membership number	<input type="text"/>
Telephone	<input type="text"/>	Work	<input type="text"/>
Cell phone	<input type="text"/>		
Email address	<input type="text"/>		

Main member's signature

Date

(if patient is a minor, main member must sign)

Patient's name and surname

Membership number

3. Clinical data and examination (to be completed by the doctor)

More pathology investigations will be useful for a full clinical picture. Please provide copies of the following reports:

CD4 count Viral load Full blood count Liver function test Urea and creatinine

Is the patient pregnant? Yes No

If yes, expected date of delivery

Height (cm) Weight (kg)

4. Other clinical data required (to be completed by the doctor)

Date of diagnosis

4.1. Clinical staging (Centre for Disease Control or World Health Organisation)

4.2. Clinical information to substantiate staging in point 1

4.3. Drug history

Medicine	Duration of treatment	Please insert reason or code (detailed below) for discontinuation of previous antiretroviral therapy

Reason or code for discontinuation: Side effects Cost Resistance Other

If other, please provide a brief explanation

4.4. Is the patient being treated for one or more of the below conditions (please check the appropriate block):

Diabetes Epilepsy Hypercholesterolemia Depression/psychiatric treatment Tuberculosis (TB)
Cancer Chronic renal failure Hypertension/Cardiac failure Other

4.5. If "other", please provide a brief explanation

4.6. List the medicine the patient is currently taking for the above condition/s (if applicable)

Patient's name and surname

Policy Number

