

PATHFINDER CLINICAL MOTIVATION FOR A NEBULISER

Attach
prescription
here

- Section B and D to be completed by a medical practitioner if applying for a nebuliser.
- Please attach an original prescription for the nebuliser and medication.

To provide members suffering from chronic diseases with adequate cover and simultaneously control the rising costs of medicine and assistive devices, we would appreciate the following information:

SECTION A

Patient Particulars

Fund name		Membership no.	
First name			
Surname		Title / rank	Gender M F
Postal address			Age
		Tel. (home) code	
		Tel. (work) code	
Area code		Language	Afrikaans English

Patient postal address change

New postal address	
Area code	From / /

This section to be completed by the principal member

Surname		Title / Rank		Initials	
I.D.-number		Option			
Tel. (w) code	no.	Cell phone no.			
Tel. (h) code	no.	Fax code / no.			

SECTION B

Clinical motivation for nebuliser: interpretation of all available special investigations and test results.

Approval of application depends on clinical grounds, availability of existing test results and special circumstances..

Please tick the relevant blocks:

Asthmatic

Non Asthmatic

1. Have you trained your patient to use this device?

Yes

No

2. Is this the first nebuliser for the patient that you apply for or a replacement?

Replacement

First

3. Have you ever taken chest x-rays or done lung function tests of this patient? (Please attach existing reports)

Yes

No

4. What is the exact diagnosis of the patient's respiratory condition?

Asthma

Chronic
bronchitis /
emphysema

Allergic
rhinitis

Other:

5. Current respiratory medication:

Medication:

Dosage per day:

Period on medication:

1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

SECTION C

1. Consultation 1.1 How many times have you visited your doctor for asthma-related problems during the last 12 months? <div style="text-align: right; margin-right: 20px;">normal visits</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">1 - 4</td> <td style="width: 33%; padding: 5px;">5 - 12</td> <td style="width: 33%; padding: 5px;">More than 12</td> </tr> </table>	1 - 4	5 - 12	More than 12
1 - 4	5 - 12	More than 12		
<div style="text-align: right; margin-right: 20px;">emergency visits</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">1 - 2</td> <td style="width: 33%; padding: 5px;">3 - 12</td> <td style="width: 33%; padding: 5px;">More than 12</td> </tr> </table>	1 - 2	3 - 12	More than 12
1 - 2	3 - 12	More than 12		

2. Hospitalisation (only if you have been admitted during the last 12 months for asthma-related problems) 2.1 How many times have you been admitted? 2.2 Total number of days spent in hospital: 2.3 How many times did you visit an emergency facility?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1 - 2 times</td> <td style="width: 40%; padding: 5px;">More than 2 times</td> </tr> <tr> <td style="width: 33%; padding: 5px;">1-2 days</td> <td style="width: 33%; padding: 5px;">3-10 days</td> <td style="width: 33%; padding: 5px;">More than 10 days</td> </tr> <tr> <td style="width: 60%; padding: 5px;">1-5 times</td> <td style="width: 40%; padding: 5px;">More than 5 times</td> </tr> </table>	1 - 2 times	More than 2 times	1-2 days	3-10 days	More than 10 days	1-5 times	More than 5 times
1 - 2 times	More than 2 times							
1-2 days	3-10 days	More than 10 days						
1-5 times	More than 5 times							

3. Smoking 4.1 Do you smoke? 4.2 If 'yes', how many cigarettes do you smoke per day? 4.3 If 'no', have you ever smoked? 4.4 If 'yes', number of years smoked. <div style="text-align: right; margin-right: 20px;">period stopped</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> <tr> <td style="width: 50%; padding: 5px;">5 or less</td> <td style="width: 50%; padding: 5px;">More than 5</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> <tr> <td style="width: 100%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table> </td> </tr> </table>	Yes	No	5 or less	More than 5	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table>		
Yes	No									
5 or less	More than 5									
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SECTION D

Particulars of medical practitioner

Name of practitioner											
Address									Area code		
SAMDC number					Tel (code)						
Practice number					Fax (code)						
Date					Qualifications						
					Signature						

Please contact Pathfinder Client Service Centre: 0861 147 741