

Contact us

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Personal Health Assessment (PHA) & HIV/AIDS Counselling & Testing (HCT)

The Bankmed Personal Health Assessment (PHA) and HIV/AIDS Counselling & Testing (HCT) are health screening tools designed to identify any health risks you may have, to allow for proactive intervention. Kindly take your form to your Healthcare Provider for capturing of the information below and further follow up of any risks identified.

N	lember details																														
Membership number: Dependant code: Date:										Υ	Υ	Υ	Y		M	M	D D)													
Contact number:											A	٩ge	e: =					Ge	end	er: F	en	nale	: [Ī		Ma	le	_			
First name:						П						T	Ť	T									Ť		Т	T			,		_
Surname:									T			Ť		Ť	Ť			Ť	Ť		T	İ	Ť	i	Ŧ	T				П	=
Ide	ntity number:										·										•	•	•	·		•	•				
V	/ellness screenir	ng																													
Ple	ase answer the follo	wing questions	s in the a	applic	able o	colun	nn y	es o	r n	0:																					
1.	ease answer the following questions in the applicable column yes or no: Do you smoke?																														
2.	Do you suffer from Diabetes?																														
3.	Do you have any chronic condition/s for which you are on medication?									Υ	Y									Reference											
4. If yes, kindly indicate below:																					BMI							<2	4.9		
	Asthma	Cardiac Dise	ease		De	press	ion	1												Tot	al (Chol	les	tero	ıl			<5	.0		
	Diabetes	High Choles	terol		Ну	perte	ensi	on	Ī	ī	Ot	her	r 🗍]						HDI	_							>1	.2		
То	be filled in by an acc	redited Gener	General Practitioner, Pharmacist, Biokineticis								t or Nurse									LDL							<3.0				
5.	Current weight (with normal clothing)			to the nearest kg																Triglyserides							<1.7				
6.															Random glucose Blood Pressure							<7.8 <130/80									
7.	Body Mass Index					m (weight/height2 – kg/m2)																	Waist Circumference								
	Blood pressure — Systolic				mmHg																	Women						<80 cm			
8.					_						L	+	_								M	en						<9	4 c	m	
	_	Diastolic		mm	ıHg						L																				
9.	Total cholesterol			mm	nol/l																										
	HDL			mm	nol/l																										
	LDL			mm	nol/l																										
Triglyserides				mm	nol/l	Г	Ť	\top]																						
11	11 Random blood glucose			mm	nol/l							$^{\perp}$]																	
12.	12. Waist circumference				cm																										
13.	13. Posture: either screening recommended					ng coi	mpl	lete				$\frac{\perp}{1}$]																	

14. Vision: either screening recommended or screening complete

HIV Test results Mate is your known HIV status? HIV Positive Positive Inconclusive Not done Not done Streening test: Regative Positive Inconclusive Not done Not	Wellness screening (continued)										
HIV Negative HiV Positive Don't know Screening test: Negative Positive Inconclusive Not done Not done First test to 22 months Negative Positive Inconclusive Not done Not do	HIV Test results	Maternity information									
International Programme International Pr	What is your known HIV status?	Currently pregnant									
Screening test:	HIV Negative HIV Positive	on't know									
First test ever? First test in 12 months?	Screening test: Negative Positive Inc										
First test in 12 months?	Confirmatory test Negative Positive Inc	conclusive Not done									
TB Screening Does your patient currently have TB? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: If no: does your patien the patient have the following have the following: If no: does your patient have the fol	First test ever?										
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Does your patient currently have TB? If no: does your patient have the following: Excessive night sweats? If no: does your patient have the following: Excessive night sweats? Presence of blood when coughing up phlegm? N Chest pain or difficulty breathing? Fever for more than two weeks? N Presence of blood when coughing up phlegm? N If contact in the patient's household? N N If contact in the patient's household? N N If contact in the patient's household? N N If you have a patient referred to State clinic N N If contact in the patient's household? N N If you have a patient referred to State clinic N N N I											
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Chest pain or difficulty breathing? Fever for more than two weeks? Very Note of the patient of the patient of the provision of the provisions of the programmes. It is not the programmes of the programmes, and the programmes of the programmes of the programmes, and the programmes of the progr	If no: does your patient have the following:	Excessive night sweats?									
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Fever for more than two weeks? V N Patient referred to State clinic V N											
Unexplained significant weight loss? Y											
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 9. I acknowledge that should I not comply with the HIV programme protocols or prescribed treatment, Bankmed, in its sole discretion, may elect to exercise its rights and limit any benefits to the prescribed minimum benefits, always subject to the applicable legislation and the Bankmed rules. 10. I understand that telephone calls will be recorded for internal quality assurance purposes and, in respect of the HIV Programme, recorded calls will not be shared outside of the HIV programme unit. 11. The Bankmed parties will use the information to allocate the appropriate points to Balance, the Bankmed Wellness Programme. 12. I understand and acknowledge that "consent", for purposes of this document means my informed consent, in other words: 12.1. I have read and understood the contents of this document. 12.2. I understand and acknowledge the nature of the Personal Information that will be made available to and disclosed, used, processed and retained by the Bankmed Parties and my healthcare provider(s), as set out in this consent. 12.3. I understand and acknowledge the purpose for which the Personal Information relating to me will be made available to, and disclosed, used, processed and retained by the Bankmed Parties and my healthcare provider(s), as set out in this consent. 12.4. I have the legal capacity to give my informed consent, in other words, I am over the age of 18 years old and am able to fully understand and make decisions about my own healthcare Counselled, not tested Counselled and agree to be tested Counselled, agree to be tested and participate in the HIVCare Programme 	 Medical Scheme ("Bankmed"): Personal Health Assessment ("PHA") health screening tool and programme; and HIV counselling, testing and disease management programme ("HIV programme"), (collectively, the "Programmes"). I acknowledge that Bankmed, its administrators and/or managed healthcare organisation (collectively, the Bankmed Parties) will administer the Programme, including the information which I have provided in this document. Although the Programmes are designed to: Although the Programmes are designed to: I dentify certain health risks I may have and enrol me in the PHA programme; and/or Assess my medical risk and to enrol me on the HIV programme, any treatment or medicines prescribed (including antiretroviral treatment, if applicable), as well as the general management of my healthcare, is the sole responsibility of my healthcare provider(s), in consultation with me. The Bankmed Parties are accordingly not liable for any claims by me or my dependants arising from any treatment or medicines prescribed, or arising from the implementation of the Programmes, save insofar as provided in the Bankmed rules. I understand that no personal information provided by me in terms of the Programmes, including health status and treatment-related information, ("Personal Information"), will be disclosed to third parties (including my employer), other than Bankmed Parties and my healthcare provider(s), without my consent. Consent for storing and accessing of my HIV results and HIV related information:										
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