

Application form for wound care 2021

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, 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 the Scheme.

Purpose of the form

This application form is for when a member needs wound management therapy. We will only consider funding requests from the member's treating Healthcare Professional, who must complete the application form. Applications from a manufacturer will not be accepted.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally by using Adobe Acrobat Reader.
- All relevant sections must be physically signed by the main applicant and cannot be signed digitally. The main applicant must sign and date any changes.
- Please send the form and photographs to us by e-mail at treatment@bankmed.co.za

1. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
Preferred name	<input type="text"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
Date of birth	<input type="text"/>	ID or passport number	<input type="text"/>		
Country of issue	<input type="text"/>				
Membership number	<input type="text"/>				
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	
Cellphone	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	
E-mail	<input type="text"/>				

2. Proposed treatment facility details

Referring Healthcare Professional's practice number	<input type="text"/>
Treating Healthcare Professional's practice number	<input type="text"/>

3. Current medical status

Aetiology / Cause	<input type="text"/>				
Nutritional information	Obesity <input type="checkbox"/>	Malnutrition <input type="checkbox"/>	Dehydration <input type="checkbox"/>	Weight loss >5kg <input type="checkbox"/>	Weight gain >5kg <input type="checkbox"/>
	Loss of Appetite <input type="checkbox"/>	Supplements <input type="checkbox"/>			
Mobility	Good Mobility <input type="checkbox"/>	Bad Mobility <input type="checkbox"/>			
Mental Status	Orientated <input type="checkbox"/>	Depressed <input type="checkbox"/>	Anxious <input type="checkbox"/>	Comatose <input type="checkbox"/>	Unconscious / Stressed <input type="checkbox"/>

Medical Concerns

Smoking

Medical condition

ICD-10 code -

Stroke <input type="checkbox"/>	Varicose Veins <input type="checkbox"/>	Gangrene <input type="checkbox"/>	Artherosclerosis <input type="checkbox"/>
Asthma <input type="checkbox"/>	COPD <input type="checkbox"/>	Bronchitis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>
Alzheimer's <input type="checkbox"/>	Quadriplegia <input type="checkbox"/>	Paraplegia <input type="checkbox"/>	Hep B <input type="checkbox"/>
Spinal problems <input type="checkbox"/>	Porphyria <input type="checkbox"/>	Anaemia <input type="checkbox"/>	Cancer <input type="checkbox"/>
Chemotherapy <input type="checkbox"/>	Radiotherapy <input type="checkbox"/>	Swollen Glands <input type="checkbox"/>	DVT <input type="checkbox"/>
Lymphoedema <input type="checkbox"/>	Neuropathy <input type="checkbox"/>	Previous Amputations <input type="checkbox"/>	Alternative Treatments <input type="checkbox"/>
Oedema <input type="checkbox"/>	Bowel Problems <input type="checkbox"/>	Renal Problems <input type="checkbox"/>	Immune Deficient <input type="checkbox"/>

Diabetes Type I Type II

Circulation problems Arterial Venous

Other

Allergies

Medication

4. Clinical Measurement

Height	Weight	BP	Pulse
Hb1AC	Random BG	Temp	
Other	<input type="text"/>		
	<input type="text"/>		

5. History of previous advanced or conservative wound treatment

6. Wound location

ICD-10 codes

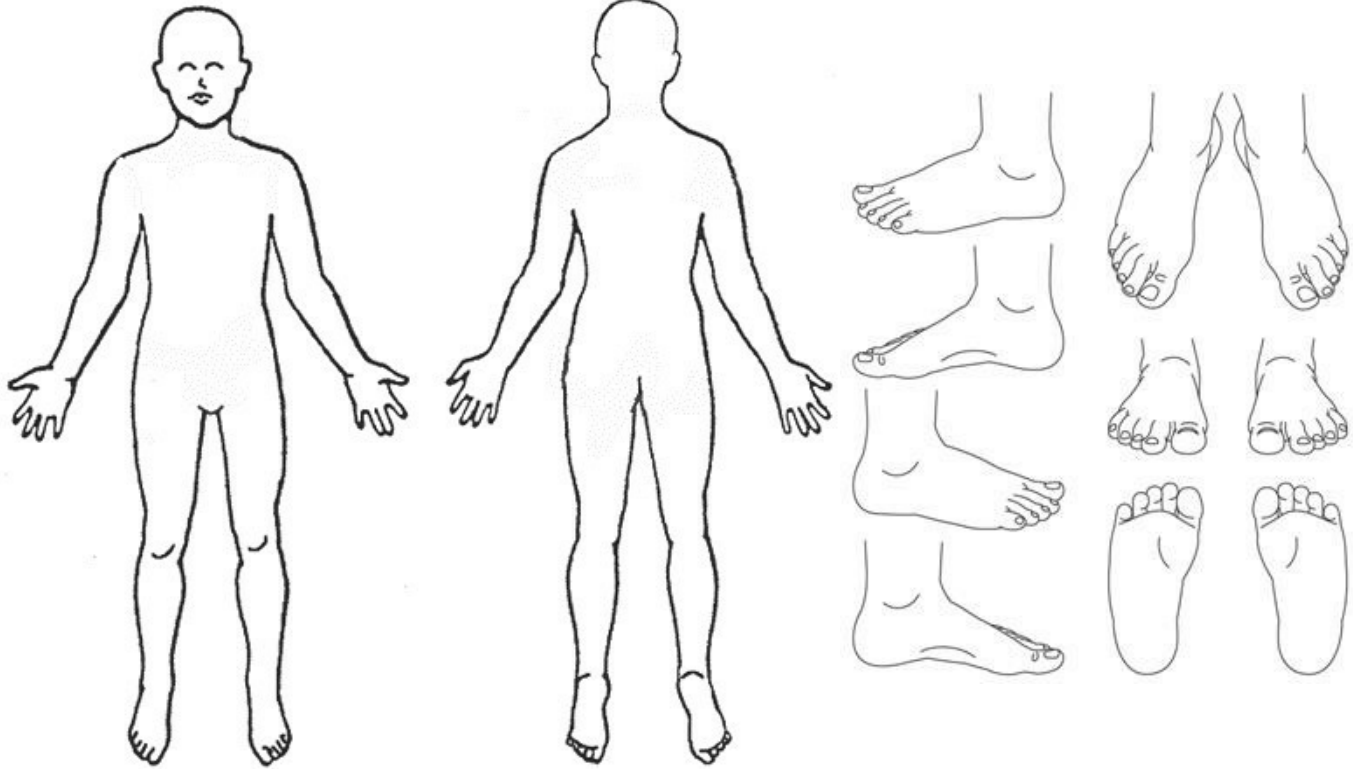
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Date wound first occurred

D	D	M	M	Y	Y	Y	Y
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Treatment start date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



7. Wound description

Diabetic ulcer	<input type="checkbox"/>	Enterocutaneous fistula	<input type="checkbox"/>	Post- surgical wound	<input type="checkbox"/>	Ostomy	<input type="checkbox"/>
Pressure ulcer	<input type="checkbox"/>	Leg ulcer	<input type="checkbox"/>	Venous (CEAP)	<input type="checkbox"/>	Arterial	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Dermatological condition	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Burns (rule of 9)	<input type="checkbox"/>

TEXAS Classification

STAGE	GRADE			
	0	I	II	III
A	Pre- or post-ulcerative lesion completely epithelialized	Superficial wound not involving tendon, capsule or bone	Wound penetrating to tendon or capsule	Wound penetrating to bone or joint
B	Infection	Infection	Infection	Infection
C	Ischemia	Ischemia	Ischemia	Ischemia
D	Infection and Ischemia	Infection and Ischemia	Infection and Ischemia	Infection and Ischemia

CEAP Classification

C0	C1	C2	C3	C4	C5	C6
No visible or palpable signs of venous disease	Telangiectasias or reticular veins	Varicose veins	Oedema	a. Pigmentation and/ or eczema b. Lipodermatosclerosis and/or atrophie blanche	Healed Venous Ulcer	Active Venous Ulcer

Pressure ulcers staging

Stage 1	Stage 2	Stage 3	Stage 4	Un-stageable	Deep tissue injury
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Burns

First degree Second degree Third degree

RULE OF 9 ADULT		PERCENTAGE		RULE OF 9 CHILD		PERCENTAGE	
Head and neck		9		Head and neck		18	
Anterior trunk		18		Anterior trunk		18	
Posterior trunk		18		Posterior trunk		18	
		L	R			L	R
Upper extremities		9	9	Upper extremities		9	9
Lower extremities		18	18	Lower extremities		14	14
Genitalia and perineum		1		Genitalia and perineum		1	

Ability to Heal

Healable wound Maintenance Wound Non-Healable / Palliative Wound

Other

Site of wound Size of wound

Length Width Depth

Volume Undermining / sinus

Wound bed condition (100%)

Epithelialisation Granulation Slough / Fibrin Black / brown Necrotic Tissue

Over Granulating Fungating / Malignant Mixed Tissue (Bone/Tendon/Ligament)

Infection

Colonised N E R D S Superficial S T O N E S

Deep Biofilm

Odour Yes No

Amount and colour of Exudate

Colour Yes No

Amount (ml)

	Amount		
	Low	Moderate	High
Serous (clear thin watery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanguineous (fresh blood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serosanguineous (watery pale pink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purulent (creamy, yellow, brown, green)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conditions of surrounding skin

Healthy / Intact Dry / Cracked / Eczema Discoloured Erythema / fragile / Inflamed

Macerated Callous / Senescent cells Oedematous

Wound healing phase

Inflammatory Proliferation Maturation

Pain assessment

Severity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
Frequency	At dressing stage				On Movement				Continuous				Other									

8. Treatment goal

Short term

Long term

- Wound closure
- Debride necrotic tissue
- Reduce Bacterial load
- Treat Infection
- Encourage granulation
- Reduced wound size and severity
- Moisture balance
- Reduce Oedema

9. Treatment plan

Referring Healthcare Professional's name

Practice number

Treating Healthcare Professional's name

Practice number

Treatment start date

D	D	M	M	Y	Y	Y	Y
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Number of treatments

Multidisciplinary team

GP Orthopaedic surgeon Vascular surgeon General surgeon

Podiatrist Diabetes Educator Specialist physician Wound management specialist

Treatment period

Treatment date 1	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Treatment date 2	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y												
Treatment date 3	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Treatment date 4	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y												
Treatment date 5	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Treatment date 6	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y												
Treatment date 7	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Treatment date 8	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

10. Treatment plan details

NAPPI code	Product code	Product description	Quantity	Total price

11. Professional fees: quotation

Tariff code	Service	Fee, incl VAT	Number of procedures	Total fee

12. Additional products used

NAPPI code	Product code	Product description	Price number of applications	Total price

13. Photograph

Checklist

Colour

Include a ruler in photo to illustrate size

Please date the photo(s) chronologically

Signature of Healthcare Professional

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if information is true, complete and correct.