

Application form for Advanced Wound Care 2026

Initiation

For continuation, we require the following:

- Updated labelled colour photos with a dated wound. Ruler and wound dimensions present
- Nappi codes for products used
- Treatment dates
- Colour photographs need to be submitted in a JPEG, PDF, PNG, GIF, DOC, DOCX format to be viewed in colour

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 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 details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
E-mail	<input type="text"/>		
Relationship to Principal Member	<input type="text"/>		

2. Practice details

Registered nurse's practice number	<input type="text"/>
Treating doctor's practice number	<input type="text"/>
Out-patient facility's practice number (can be hospital for wound care done in casualty)	<input type="text"/>

3. History of previous advanced or conservative wound treatment

4. Wound location

ICD-10 codes

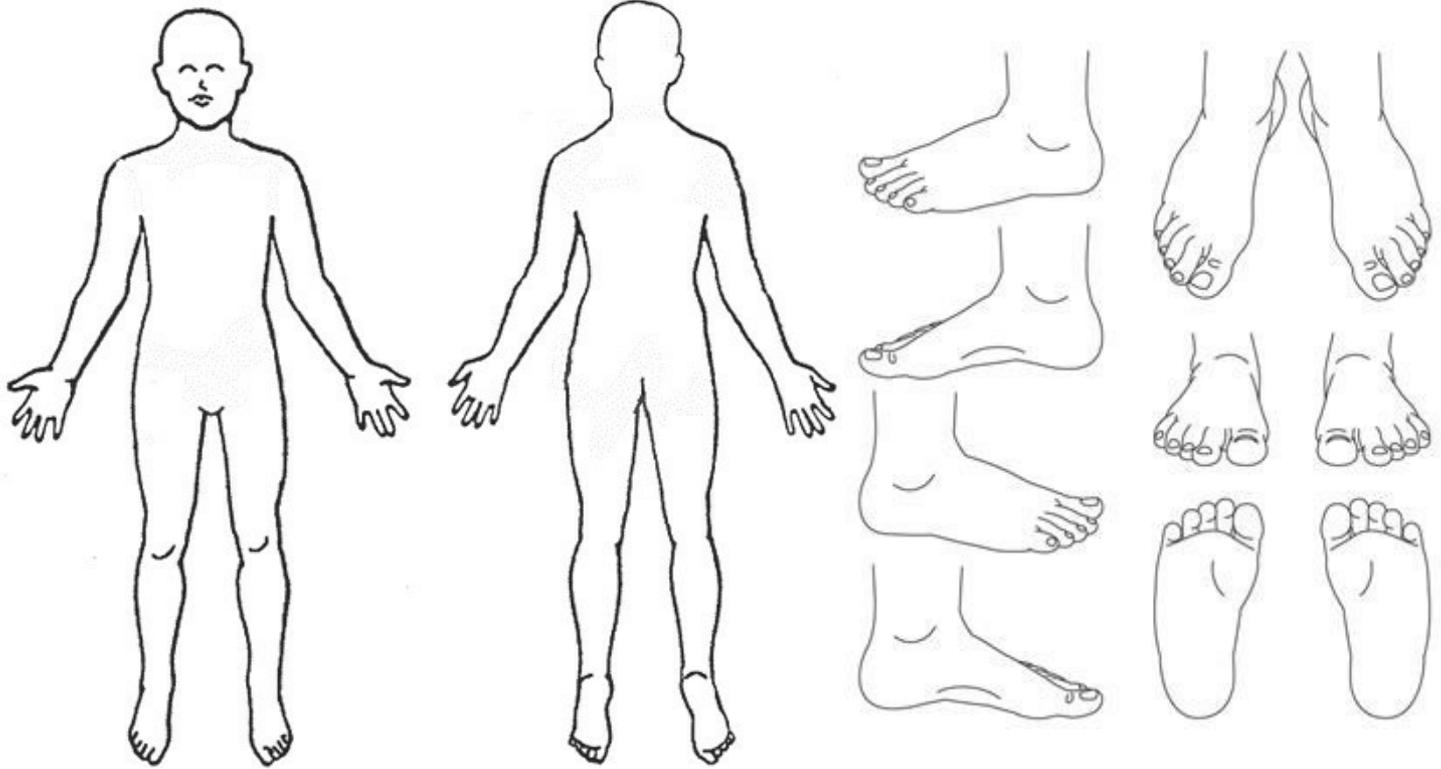
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Date wound first occurred

Y	Y	Y	Y	M	M	D	D
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Treatment start date

Y	Y	Y	Y	M	M	D	D
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5. Wound description

Surgical wounds	<input type="checkbox"/>	Venous ulcer	<input type="checkbox"/>	Entero-cutaneous fistulae	<input type="checkbox"/>	Trauma	<input type="checkbox"/>
Diabetic wounds	<input type="checkbox"/>	Pressure ulcer	<input type="checkbox"/>	Pilonidal cyst	<input type="checkbox"/>	Malignant neoplasms of skin	<input type="checkbox"/>
Arterial ulcer	<input type="checkbox"/>	Burns	<input type="checkbox"/>	Pyoderma gangrenosum	<input type="checkbox"/>	Skin grafting	<input type="checkbox"/>

Diabetic Ulcer - Texas University 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

Venous Ulcer - 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

Describe the conservative treatment tried before initiation of advanced wound care and the duration thereof.

Pressure ulcers

Stage	Name	Description
Stage 1	Non-Blanchable Erythema	Intact skin with localized redness that does not blanch. May be painful, firm, soft, warmer or cooler than adjacent tissue.
Stage 2	Partial-Thickness Skin Loss	Shallow open ulcer with red-pink wound bed or intact/ruptured serum-filled blister. No slough or fat visible.
Stage 3	Full-Thickness Skin Loss	Visible fat, possible slough, but no exposure of bone, tendon, or muscle. May include undermining or tunnelling.
Stage 4	Full-Thickness Tissue Loss	Exposed bone, tendon, or muscle. Slough/eschar may be present. Often includes undermining and tunnelling.
Unstageable	Obscured Full-Thickness Loss Base	Base of ulcer covered by slough or eschar, making depth unclear. May be Stage 3 or 4 once uncovered.
DTPI	Deep Tissue Pressure Injury	Discoloured intact skin or blood-filled blister. May be preceded by pain, firmness, or temperature changes.

Burns

First degree Second degree Third degree

Total Body Surface Area

Healability

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 Necrotic Tissue

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

Infection

Colonised N Superficial S

E
R
D
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									

6. 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

7. Treatment plan

Treatment period

Treatment date 1	<input type="text"/>	Treatment date 2	<input type="text"/>																
Treatment date 3	<input type="text"/>	Treatment date 4	<input type="text"/>																
Treatment date 5	<input type="text"/>	Treatment date 6	<input type="text"/>																
Treatment date 7	<input type="text"/>	Treatment date 8	<input type="text"/>																

8. Supporting documentation

Checklist

- Include a dated, labelled colour photo with a wound ruler and patient details visible to show wound size
- Signed and dated clinical motivation from the referring doctor
- Quotation

Signature of Treating Healthcare Professional

Date



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