



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

HILLCREST HOSPITAL

Private Bag X 101, Hillcrest 3650

50 Hospital Road, Hillcrest, 3650

Tel: 031 761 5882 **Fax:** 031 765 3712, Email: nonhlanhla.dlamini4@kznhealth.gov.za

HILLCREST HOSPITAL ADMISSION CONTRACT FORM

Patient's name and surname	
Id Number	
Age	
Diagnosis	
Home address	

NEXT OF KIN

Name and surname	
Id Number	
Physical Address	
Cell Number	
Landline	
Email address	
Relationship to patient	

Hereby understand that patient

Id Number _____ Will be admitted to Hillcrest Provincial Hospital for a set period of time, until the MDT (Multi- Disciplinary Team) considers Discharge based on their professional discretion.



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1. All patients will be assessed by each member of the MDT on admission.
2. Each patient will receive treatment based on the professional's assessment.
3. A multidisciplinary treatment progress report will be generated after 3 months from date of admission, or earlier depending on the patient's condition or progress, by the MDT.
4. Based on the report the patient will be discharged or given an extended period for further rehabilitation progress.
5. The next review date will be set 3 months from the last report date.
6. All discharges or extended time will be decided by the MDT in consultation with patient and family.

I have read the above and understood its contents.

Signature

Name and Surname

Date