health

Department:
Health

PROVINCE OF KWAZULU-NATAL

Richmond Hospital
P.O BOX   133
Richmond (kzn)
3780
Durban Road
Richmond (kzn)
3780
Tel.:033-212-2170, Fax. 033-212-3450
Email.www.kznhealth.gov.za

Proforma for admission to Richmond hospital	
Name of consultant/attending doctor	Cell number:
Patients Name:	
Hospital number	
Id Number:	
Date of Birth:	
Address:	
Telephone number	
Problem list:	
TB	
Date of diagnosis	
How it was diagnosed	
Date of start of treatment	
Previous tb. State when and how it was diagnosed and type and duration of treatment	
Current tb treatment	
Previous complications	
History of defaults	
RVD	
Date of diagnosis	
Baseline cd4	
fbc	ue
Liver function test	lipogram
Latest cd4	Latest viral load
When arv was first started	
Initial regimen	
Current regimen	
Reason for change in drugs	
History and reason for defaulting	
Allergies	
Previous surgeries	
Other medical problems	
Aids related illness< eg dvt, meningitis, pcp, chonic ge, thrush,	

Current Medication:

Final Assessment and plan

Please note Richmond is a TB rehabilitation facility. We do not investigate patients. Should a new problem arise with the patient we will send the patient back to you for investigation. We do not give ivi treatment. We do not have oxygen

points. Please include copies of all results with this letter as well as relevant xrays, and radiological reports. Please write any relevant information in the back.. The more information the better. We do not treat mdr, xdr and tdr tb