

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za.

Who we are

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of memberships.

Purpose of the form

Complete this form for planned or elective referrals to a specialist. You do not need to complete this form to refer members on a KeyCare Plus Plan to an ophthalmologist, a specialist for maternity care, or a maxillofacial and oral surgeon. You must complete this form to refer members on a KeyCare Start Plan to any specialist, including the initial referral to a specialist for maternity care. Refer to page 3 of this form for information about the referral process.

What you must do

- All sections are compulsory and should be completed in full.
- Please physically sign section 3.
- Please email the completed form to keycareauth@discovery.co.za.

Is this referral at a patient's request or parent/guardian's request? Yes No

If "Yes", please get the patient or parent/guardian's signature

Is this referral a specialist requesting clinical advice from another specialist to manage the patient's condition and treatment? Yes No

1. Patient information

| | | | |
|---|--|---|---|
| Surname | <input style="width: 100%;" type="text"/> | | |
| First name(s) (as per identity document) | <input style="width: 100%;" type="text"/> | | |
| Initials <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | Title <input style="width: 100px;" type="text"/> | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| ID number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | Membership number | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |
| Cellphone | <input style="width: 100%;" type="text"/> | | |
| Email | <input style="width: 100%;" type="text"/> | | |
| How does the patient want to receive the feedback from the KeyCare Clinical Advisory Panel? | Email | <input type="checkbox"/> | SMS <input type="checkbox"/> |

2. Details of the referring GP

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|--------------------------------------|---|--|------------------------------|
| Full name and surname | <input style="width: 100%;" type="text"/> | | |
| Practice number | <input style="width: 100%;" type="text"/> | | |
| Telephone(w) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | (when a specialist needs to contact you) | |
| Cellphone | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | (when a specialist needs to contact you) | |
| How do you want to receive feedback? | Email | <input type="checkbox"/> | SMS <input type="checkbox"/> |

3. Specialist referral and advice

Date of GP consultation

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

Specialist discipline

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Date of specialist consultation

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Specialist practice number*

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Initial date of diagnosis

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

Reason for referral which must include signs, symptoms and duration of problem:

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**For the KeyCare Specialist Network list, go to www.discovery.co.za, under Medical Aid > Find a doctor.*

4. Specialist referral and advice (continued)

ICD-10 codes 1.

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Co-morbidities

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Detailed clinical history

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Previous treatment and investigations**

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*** Please attach the relevant test results*

Current management of condition, which must include medication (name and dosage) and when treatment first started

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Referring doctor's signature

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Date

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

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

How to refer a KeyCare member to a specialist

Emergency specialist referral

Refer the patient to a KeyCare Network Hospital in the case of an emergency.

KeyCare Start members can use their chosen GP or the after hours facility in their delivery system. No authorisation is needed. The treating GP does not need to complete this form.

For urgent referrals

If patient needs to urgently see a specialist for a medical condition on within 48 hours from seeing the GP.

Obtain an urgent specialist authorisation from the GP contact centre by calling 0860 44 55 66.

Authorisation will be given if the case meets the requirement for an urgent referral.

Planned/elective specialist referral

If the patient needs to see the specialist for a medical condition but not within 48 hours of seeing their GP.

You must complete the GP to Specialist form. The completed form must be emailed to **keycareauth@discovery.co.za** for review with any test results or motivations.

Discovery Health will review the request and advise on the outcome.

We will inform the patient or GP within two working days of us receiving the request.

All requests for specialist referral will be reviewed by a KeyCare Clinical Advisory Panel within two working days.