Pick n Pay Medical scheme

pha PRIVATE HEALTH ADMINISTRATORS

Application for Registration on the Health Management Programme

Membership Number

Date (dd/mm/yyyy)

Surname

First Name/s

Home Phone

Work Phone

Shop/Department

Cell Phone

Alternate contact number

e-mail Address

Postal Address where we can send you information

Doctor's Name

Doctor's Telephone Number

May we contact your doctor directly for information?

◯ Yes ◯ No

Are you being treated for any of the following chronic conditions? Please tick whichever applies.

- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Heart Attack/Angina
- ☐ Abnormal Heart Rhythm
- ☐ Heart Failure
- ☐ Diabetes on Insulin
- ☐ Diabetes on tablets
- ☐ Chronic Renal Failure
- ☐ Low Thyroid
- ☐ Asthma
- ☐ Arthritis
- ☐ Gout
- ☐ Emphysema
- ☐ Depression
- ☐ Chronic Back/Neck Pain
- ☐ Other - specify below

Other Condition

Please save this form and e-mail to pnphealth@pha.co.za or print and fax to: 086 539 1765 .