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MELOKUSA PSYCHIATRIC

P.B.O. Reference No.:

For Mentally ill and psychiatric adults people
930025189

NPO REG.:

051-713

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E-mail: ikhwezihome@webmail.co.za

Physical Address:
Plot 195/2
Malherbe Street
1884

Postal Address:
P.O. Box 734
De Deur
1884

ADULT SECTION

ADMISSION CRITERIA FOR ADMISSION

The Home admits psychiatric patients between the ages of 18- 60 years. All these patients should receive pension grants from social services.

APPLICATION FORMS REQUIRED

- ❖ Psychiatric report- completed by the psychiatric doctor
- ❖ Referral letter from the previous hospital or clinic
- ❖ Medical report- completed by the psychiatric/doctor
- ❖ Social workers report
- ❖ Affidavit – signed at the police station
- ❖ Application for admission form – completed by family
- ❖ MHCA 10/12
- ❖ Discharge report – if patient has been hospitalized

On admission: all forms to be handed in

All medication to be handed in
ID, SASSA card to be handed in

Fee structure:

- ❖ R500 registration- nonrefundable
- ❖ Whole sassa grant e.g. (R1 750) *R2000*
- ❖ Fees paid in advance

Compulsory items to be handed in

Identity document - will be kept in the office safe

SASSA CARD -will be kept in the office safe

1x 30-day supply of any prescribed psychiatric medication

1x 30-day supply of any prescribed other medication

All over the counter medication, vitamins, headaches tablets etc.

1 recent ID PHOTO

No electrical appliances are allowed, except cell phone & charger

No private TV's are allowed

No kettles allowed

No irons allowed

PLEASE PROVIDE 5 ITEMS OF CLOTHING EACH

#ALL CLOTHES SHOULD BE MARKED WITH PERMANENT MARKER

TOILETRIES TO BE PROVIDED ON ADMISSION

Doctor

GAUTENG HEALTH DEPARTMENT - MENTAL HEALTH
PSYCHIATRIC REPORT

SURNAME: _____ FIRST NAME/S: _____

DIAGNOSES: AXIS I: _____ AXIS II: _____

CURRENT MEDICATION:

BRIEF PSYCHIATRIC HISTORY:

CURRENT LEVEL OF FUNCTIONING:

REPORTING OFFICER: _____

DOCTOR



GAUTENG PROVINCE
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:
Mental Health Services

DIRECTORATE:
Mental Health Services

CONFIDENTIAL

MEDICAL REPORT ON APPLICANTS FOR ADMISSION

PERSONAL DETAILS OF PATIENT

SURNAME	
FIRST NAMES	
DATE OF BIRTH	
AGE	
GENDER	

1. MEDICAL HISTORY (Major illnesses, including birth and parental history if known)

2. Occupational Brief Description, level of functional of Mental Health Care User

3. Psychological Brief Description of Mental Health Care User

4. PHYSICAL EXAMINATION

4.1. General appearance

4.2. Skin

4.3. Mouth and Teeth

4.4 Respiratory System (ALSO INDICATE ANY PREVIOUS HISTORY OF TB)

4.5 Cardiovascular System

4.6 Gastro-intestinal Tract

4.7 Genito-Urinary

4.8 Muscular- Skeletal (Especially deformities)

4.9 Gait

4.10. Central Nervous System

4.11 Psychiatric

4.12 Behavioral Problems & Other important Features

5. DIAGNOSIS

6. Present Treatment and related information:-

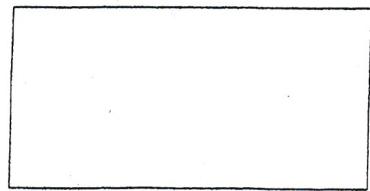
7. Information recommendation on continued of care at receiving NGO:-

Details of Psychiatric Practitioner:-

NAME

SIGNATURE

DATE



Social Workers Report

1. Identification Particulars:

Name of User:

Date of birth:

Marital Status:

Home language:

Occupation:

Nationality:

Physical address:

Contact No.:

Next of kin:

Contact No.:

Date of interview:

Contact No.:

2. Brief background information:

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3. Educational information:

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4. Housing and accommodation information:

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5. Socio – economic information

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Does the users need a placement?

Yes	No
-----	----

Disability grant?

Yes	No
-----	----

Is the family member willing to take her back on discharge from placement?

Yes	No
-----	----

Recommendation:

Social worker Name and Surname and SACSSP No:

Contact no.:

Email address:

Date:



Department of Health
Lefapha la Mapheho
Departement van Gesondheid
Umnyango wezeMpilo

STATEMENT REGARDING PERMANENT RESIDENCE
IN RESPECT OF APPLICANT FOR SUBSIDY

FULL NAMES OF APPLICANT:

DATE OF BIRTH:

IDENTITY NUMBER:

APPLICANT'S PERMANENT RESIDENTIAL ADDRESS(es) IN THE PAST TWO YEARS:
.....
.....
.....
.....
.....

I hereby declare that I, (name), the undersigned,
am over the age of 18 years of age and am the (relationship)
of the applicant/applicant# whose name appears above.

I hereby confirm that the applicant has / I have #:

- been ordinarily resident in Gauteng Province at the address/es given above for the past two years;
- not in the past two years been admitted for a period exceeding three months in total to a provincial hospital/other facility in another province;
- not in the past two years been admitted to a hospital in Gauteng as a result of admission procedures initiated in another province

delete where applicable.

SIGNED:

DATED THIS DAY OF 20.....

AT

COMMISSIONER OF OATHS:

1. I CERTIFY THAT BEFORE ADMINISTERING THE OATH / AFFIRMATION, I ASKED THE DEPONENT THE FOLLOWING QUESTIONS AND WROTE DOWN HIS / HER ANSWER IN HIS / HER PRESENCE:

- a) DO YOU KNOW AND UNDERSTAND THE CONTENTS OF THE DECLARATION?**

ANSWER: _____

- b) DO YOU HAVE ANY OBJECTION IN TAKING THE PRESCRIBED OATH?**

ANSWER: _____

- c) DO YOU CONSIDER THE PRESCRIBED OATH TO BE BINDING ON YOUR CONSCIENCE?**

ANSWER: _____

2. I CERTIFY THAT THE DEPONENT HAS AKNOWLEDGED THAT HE / SHE KNOWS AND UNDERSTANDS THE CONTENRS OF THIS DECLARATION WHICH WAS SWORN TO AFFIRMED BEFORE ME AND THE DEPONDENT SIGNATURE, THUMB PRINT, MARK WAS PLACED THEREON IN MY PRESENCE.

**COMMISSIONER OF OATHS FOR THE
REPUBLIC OF SOUTH SFRICA**

DATED THIS _____ DAY OF _____ 19 ____ AT



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ବ୍ୟାକ୍ ପାଠୀ ଓ କବିତାରେ ମହାନ୍ତିରି

NGO Subsidy Audit Tool

This Assessment Tool is based on the HAT (Harmonised Assessment Tool)

DOMAIN 2: MOBILITY						
	No Difficulty (Score = 0)	Mild (Score = 1)	Moderate (Score = 2)	Severe (Score = 3)	Comments	
2.1 Transfers e.g.. Can person transfer self from bed to chair/wheelchair, on/off toilet, in/out bath or shower; in/out of vehicle? (Person's customary transfer methods may differ from the definition provided. The rule to be considered is whether the person can transfer satisfactorily and independently within their own situation) Can you transfer yourself, for example, from the bed to a chair or from one chair to another?						
2.2 Locomotion e.g.. can person ambulate themselves over a 50 m distance by walking (using a walking stick, crutches, walking frame) or with a manual or battery operated wheelchair? Can you move yourself over 50 m of level ground without any assistance?						

TOTAL MOBILITY SCORE (Add up the score) /6

DOMAIN 4: COGNITION & BEHAVIOUR

Cognition consists of basic, middle and higher order cognitive functions. Basic functions include orientation, awareness, attention and memory while middle order functions are thinking, decision-making, judgement and insight. Problem solving is considered as a higher order function as it requires the successful integration of the basic and middle order functions. It is impossible to separate cognitive functions as a person uses a combination of the functions, depending on the requirements of the activity. If lower functions are affected, higher order functions are inevitably affected. Therefore, for the purpose of this assessment, only lower and middle functions are included.

Mental Health aspects selected for this assessment are behaviour and basic life skills. These have been selected as it is possible to identify underlying mental health issues (e.g. mood, motivation, coping with everyday life demands, social skills) while assessing a few life skills.

		No Difficulty (Score = 0)	Wild (Score = 1)	Moderate (Score = 2)	Severe (Score = 3)	Comments
4.1 Orientation	<i>Is the client able to remain in contact with the real world in a meaningful way?</i>					
	<p>Some people may experience disrupted thought processes that disable their ability to remain in contact with reality. This includes delusions and/or hallucinations where the persons sees, hears (to culture), hallucinations (false perception with no stimulus and could be audible, visual, tactile, olfactory, gustatory), formal thought disorder, decreased meaning in life, impaired (poor) insight, pathological guilt or self-blame or blaming others, conspiracy theories etc.</p> <p><i>Where do you live? Why? Where you live, do those people understand you and respect you fully? Why? Do you sometimes feel that people are trying to harm you? Tell me about it.</i></p>					
4.2 Awareness	<p><i>Is the client able to apply different awareness skills in different situations appropriately?</i></p> <p>Awareness has four different characteristics that must be taken into consideration to arrive at an average score for the awareness assessment:</p> <ul style="list-style-type: none"> ▪ Safety Awareness - Can he/she recognise safely risks in the right context and act appropriately on it? (E.g.: can person recognise potential dangerous situations such as strangers, fire, sharp objects, busy roads, precipices). ▪ Situational Awareness - Can he/she adjust behaviour to match different social situations appropriately? (e.g. with family at church, restaurant, shopping mall, public transport, or in therapy with group meetings, workgroups etc.) ▪ Time Awareness - Can he/she link their activities according to time, date, season etc.? (E.g. he/she make the link between time and their activities of daily living such as in hours (daily routines), dates (specific happenings for specific days) seasons (specific occurrences for specific seasons, e.g. swimming in summer)) ▪ Place Awareness - Can he/she always orientate themselves to where they are? (E.g.: person can find their own way if left in community by not being distracted, loses focus, wandering around or becomes disorientated) <p><i>Most of life questions under awareness can be taken from the notes above and will most probably be best answered by a person that observes or knows the client well.</i></p>					

DOMAIN 5: INDEPENDENT LIVING

The assessment of the independent living domain is this context has three purposes:

• To get a better understanding of the persons ability to live independently.

• To use the collateral information that will be presented from independent living discussions to validate all the previous scores given in the domains 1-5.

• To get a better understanding of the person's ability to solve daily problems that present itself in the independent living environment.

	No Difficulty (Score = 0)	Wild (Score = 1)	Moderate (Score = 2)	Severe (Score = 3)	Comments
5.1 Household chores <i>Is the person within their own home environment, able to prepare a meal and maintain a clean household?</i> Examples of household chores are preparing and cooking a nutritional meal, do the washing, cleaning and dusting. Use these examples to arrive at a conclusion.					
5.2 Running errands <i>Is the person, within their own community, able to attend the errands of daily living?</i> Examples of errands may include shopping, banking, health clinic visits, taking medication. <i>What are your daily chores that you have to do? Is anyone helping you with that?</i> <i>Which ones are more difficult for you to do? Why is that?</i> <i>What are the monthly chores that you have to do? Do you have difficulty with that? Why is that?</i> <i>Do you need reminders to do these chores?</i> <i>Which ones are your favourite chores?</i>					
5.3 Commuting <i>Can person use regular transport (motor, taxi, train, bus) to get routinely from one place to another in a reasonable time?</i> <i>Can you go where you need to be (shops, clinics, church) using transport?</i>					
5.4 Money Matters <i>Is the person able to manage money e.g. can he/she do payments?</i> E.g. the person must (1) be able to identify the notes and coins and put a value to it, (2) be able to do basic arithmetic. <i>If you buy a packet of sugar for R 15-50, a loaf of bread for R 8-10 and some milk for R 6-00, and you give the shopkeeper R 20-00? How much change will you get?</i> (Provide an pen and paper for this exercise)					
TOTAL INDEPENDENT LIVING SCORE (Add up the scores)					/12

DOMAIN 6: SEEING AND HEARING

It is acknowledged that seeing and hearing maybe impairment. It is also understood that its effect on disability is based on the acuity of vision and the severity of the hearing loss. The assistive devices the person applies (glasses and hearing devices) as well as the quality of training the person acquired to cope with the impairment. This domain asks how the seeing and hearing impaired person is functioning with all the assistive devices currently in their possession.

		No Difficulty (Score = 0)	Mild (Score = 1)	Moderate (Score = 2)	Severe (Score = 3)	Comments
6.1	Seeing Is the client able to see and recognise objects at arms length, and see to read and recognise a person across the room?					
6.2	Hearing Is the client able to hear and recognise sound, follow a one to one verbal conversation and follow a conversation within a group?					
TOTAL SEEING AND HEARING SCORE (Add up the scores)						16

Scoring sheet
Impairment in Level of Functioning

Instructions:

Use 10 scores received in each of the domains to indicate on which level the client is functioning for that specific domain. E.g. If the client scored 18 for self care, indicate a **Mild** under the moderate box. After doing this with all the scores, total the blocks. E.g. After totalling, Mild = 2 and Moderate = 4. Use these totals to make a decision on the final level of impairment.

	No Difficulty	Mild	Moderate	Severe
Domain 1: Self Care				
No difficulty - 0				
Mild impairment - 1 to 8				
Moderate Impairment - 9 to 16				
Severe Impairment - 17 to 24				
Domain 2: Mobility				
No difficulty - 0				
Mild impairment - 1 to 2				
Moderate impairment - 3 to 4				
Severe impairment - 5 to 6				
Domain 3: Communication & Socialisation				
No difficulty - 0				
Mild impairment - 1 to 2				
Moderate impairment - 3 to 4				
Severe impairment - 5 to 6				
Domain 4: Cognition & Behaviour				
No difficulty - 0				
Mild impairment - 1 to 4				
Moderate impairment - 5 to 8				
Severe impairment - 9 to 12				
Domain 5: Independent living				
No difficulty - 0				
Mild impairment - 1 to 4				
Moderate impairment - 5 to 8				
Severe impairment - 9 to 12				
Domain 6: Seeing & Hearing				
No difficulty - 0				
Mild impairment - 1 to 2				
Moderate impairment - 3 to 4				
Severe impairment - 5 to 6				
Total of impairment				

Family

APPLICATION FOR ADMISSION TO IKHWEZILOKUSA PSYCHIATRIC HOME

IDENTIFYING PARTICULARS OF USER

NAME: _____

SURNAME: _____

PHYSICAL ADDRESS: _____

TEL. NO.: _____

GENDER:

M	F
---	---

DATE OF BIRTH: _____ **AGE:** _____

CITIZENSHIP: _____ **ID No.:** _____

If no Id, has ID application been made?

YES	NO
-----	----

If Yes, at which Office? _____

REFERRING SERVICE (HOSPITAL/CLINIC) _____

PARTICULARS OF FAMILY MEMBER RESPONSIBLE FOR APPLICATION

If no family member available to sign, complete a form to trace family and forward with application

FULL NAME: John Doe

ADDRESS: 123 Main Street

TEL. No.: 555-1234

RELATIONSHIP: Son **AGE:** 25 **Occupation:** Student

SIGNATURE OF FAMILY MEMBER: _____ **DATE:** _____

NAME OF REFERRING SOCIAL WORKER: _____

CONTACT NUMBERS: Telephone: _____ FAX: _____

INFORMATION ON FAMILY CIRCUMSTANCES AND FAMILY INVOLVEMENT

Other significant family members:

	RELATIONSHIP	AGE	OCCUPATION	ADDRESS	TEL. NO.

FAMILY RELATIONSHIPS (PARENTS/SIBLINGS/SPOUSE/CHILDREN):

MAJOR STRESSORS:

FAMILY INVOLVEMENT IN/SUPPORT FOR TREATMENT/CARE TO DATE

REASONS GIVEN BY FAMILY FOR REQUESTING/SUPPORTING PLACEMENT AT IKHWEZILOKUSA HOME

SOCIO-ECONOMIC SITUATION (INCLUDING DG/PENSION GRANT STATUS)

Is family aware that the Social Pension will be transfer to Ikhweziokusa Bank Account?

YES	NO
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PREVIOUS TREATMENT/MANAGEMENT HISTORY

Previous admission to provincial psychiatric hospital/unit (with dates)

PRESENTING PROBLEMS: _____

PAST PSYCHIATRIC /MEDICAL HISTORY:

- When did the condition first start? _____
- Relevant development history: _____

- **HISTORY OF EPILEPSY/TRAUMA:** _____

IKHWEZILOKUSA PSYCHIATRIC HOME

> ADDITIONAL PHYSICAL PROBLEMS: _____

> REACTION TO PREVIOUS TREATMENT/MANAGEMENT: _____

> CURRENT PSYCHIATRIC/MEDICAL STATUS:
MENTAL STATUS: _____

> BEHAVIOUR
(INCLUDING AGGRESSIVE/DESTRUCTIVE BEHAVIOUR, HYPERSEXUALITY, SUICIDALITY,
AND EXTENT TO WHICH CONTROLLED):

MEDICATION: _____

NAME OF ADMINISTRATOR: _____

SIGNATURE: _____

DATE: _____