



HEALING WINGS SOUTH AFRICA

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Name and Surname: _____

Date & Time of arrival: _____

CHECKLIST FOR NEW ADMISSIONS				
To be completed by applicant and family.				
DESCRIPTION	YES	NO	COMMENTS	STAFF SIGN
1. All signed programme documentation. Signed by sponsor and service user.				
2. Psychosocial report from Social Worker/Psychologist or detailed back ground report from family				
3. Letter from Psychiatrist (if service user has a Psychiatric Diagnosis and/or is on Psychiatric medication)				
4. Letter from GP / medical practitioner (page 14 of application documentation). This is to confirm current Physical health and to assess whether detoxification is necessary. This can be completed by Psychiatrist.				
5. If Detoxification was requested by Medical Practitioner, confirmation of discharge from Detox facility by treating Medical Professional.				
6. Copy of ID document / Birth Certificate				
7. Valid passport if resident is a foreign citizen				
8. Proof of payment				
9. Copy of ID document / Birth Certificate				
10. Valid passport if resident is a foreign citizen				
11. Copy of both sides of the medical aid card				
12. Medical Prescription (valid)				
13. One month supply of prescription medication – to be handed in to medical staff on duty				