

MEDICAL

Please note the following with regards to medical protocol at Healing Wings South Africa:

- A thorough medical assessment is carried out by our registered professional nurse, within 24 hours of arrival. Healing Wings utilizes the services of a medical doctor practising in Nelspruit who is on call on a 24 hour basis. Our referring Psychiatrist, based in Nelspruit, assesses and treats all residents in need of psychiatric care. **We require that all medical and dental needs are attended to prior to admission to Healing Wings. Please ensure that you bring at least one month's supply of your prescribed medication.**
- Please note that all residents on prescription medication need to supply Healing Wings with a copy of their prescription for a repeat period of 6 months, prior to arrival. This prescription is to be accompanied by a medical report/letter from the residents prescribing Dr. Healing Wings South Africa cannot issue medication without a copy of the prescription.
- A mandatory medical levy of R3,000.00 per resident is payable and will be invoiced for, together with initial fees. This money will be used to cover **basic and unforeseen** costs (incl basic first aid, drug testing and medical emergencies, where the parents or guardian cannot be notified of expenses before they are incurred).
 - Basic and first aid medication will be charge for on a per item basis. Sponsors will be required to replenish this levy, once the funds have been used for medical purposes.
- Trips to medical and other institutions for appointments and the like will be charged for at a minimum cost of R350.00 per trip if taking place on a scheduled trip date and R650.00 per trip if a special trip is needed – funds must be deposited prior to the trip.
- The medical fund is for emergencies, unforeseen and on site minor ailment medical care only. Payments for all medical appointments made on the residents behalf (or any specialist appointments and procedures), are payable directly to the medical professional or institution. Contact and payment details will be supplied on confirmation of the appointment. Kindly note that Healing Wings will not pay any medical professional or institution on a resident's behalf.
- Should a resident's medical account reach an amount of R1,000.00, notification will be given for it to be replenished. Any monies deposited in respect of tuck shop will be allocated to a resident's medical account first, should that account be depleted.
- Pharmacy account: please note that prior to arrival, all residents need to have an account opened at a pharmacy in Nelspruit – this is for the supply of prescription, over the counter or other medication. Healing Wings South Africa (including a resident's medical fund) will not be responsible nor will we be held liable for the purchasing of a residents medication. The parent or sponsor will be required to supply Healing Wings with an account number at your chosen pharmacy. Should, at any time, funds not be available in the pharmacy account, Healing Wings will not be responsible for the purchase of a residents medication. Herewith, please see contact details of pharmacies in Nelspruit:
 - Mopani Pharmacy: (013) 755 5500 (please speak to Jolene)
 - Clicks Pharmacy – Riverside Mall, Riverside Park: (013) 7570184
 - Dischem Pharmacy – The Grove, Riverside Park: (013) 757-9383
- PLEASE NOTE THAT A COPY OF THE APPLICANTS ID AND MEDICAL AID CARD IS NEEDED ON APPLICATION – SHOULD AN EMERGENCY ARISE AND NO ID OR MEDICAL AID CARD IS PRESENT, THE SPONSOR WILL BE LIABLE TO PAY PRIVATE MEDICAL RATE S PRIOR TO MEDICAL TREATMENT BEING ISSUED.
- **Medical Aid - Please note that Healing Wings South Africa does not claim directly from any medical aid scheme. Residents are required to pay Healing Wings South Africa and to then claim back form their medical aid on receipt of an official Healing Wings invoice. It is advisable to contact your medical aid and obtain pre-authorisation before admission to Healing Wings (this will ensure a smooth processing of your claim and reimbursement). Please quote the Healing Wings practice number 0380091 when obtaining pre-authorisation.**

I understand and accept the terms and conditions with regards to Healing Wings South Africa medical centre protocol.

Sign (service user): _____

Sign (sponsor): _____

Disclaimer:

By signing this document, I hereby confirm that all information disclosed and signed for on this document is (to my knowledge) 100% correct and accurate and that I have not failed to disclose or include any information which may prove vital.

PERSONAL MEDICAL INFORMATION

Please complete all the information needed on this form, to be used in the event of routine and medical emergency. Should the service user be on medical aid, please supply a copy of their medical aid card. Please email/fax prior to arrival current medical prescription for ALL scheduled medications. Prescription MUST state repeat for at least 3 – 6 months still to be filled. Please ensure that you arrive with at least one month supply of your prescribed medication.

Please note that all medication (including schedule 0 – Paracetamol, ointments, spasmol, vitamins etc.) brought in with resident require the following information labelled from the pharmacy or prescribing doctor:

- Patient Name
- Method of use
- Name of prescribing and dispensing Doctor/pharmacist

FULL NAMES OF SERVICE PROVIDER	
Identity Number	
Current Medication	
Medical Conditions/Allergies, E.g. Diabetes, Bi-Polar.	
Family doctor, name and Tel number	
Psychiatrist, Tel number	
Medical Aid name	
Medical Aid number	
Members Names	
Medical Aid Plan: Comprehensive Plan, Hospital plan, other.	
FULL NAMES OF RESPONSIBLE PERSON	
Identity Number	
Physical address	
Postal Address	
Telephone numbers Work Cell Home	
NAME OF NEXT OF KIN	
Name	
Contact numbers	
E-mail address:	

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Medical Confidentiality

Criteria to release Private and Confidential matters related to the Medical Fraternity

Healing Wings South Africa and all its members, consider each residents medical and healthcare information as highly confidential. All proceedings which take place in the Healing Wings medical room will be regarded as such.

Releasing of any medical and healthcare information will be done only with written consent of the Healing Wings resident – this applies to the duration of the residents in-patient stay at Healing Wings, as well as once the resident has the completed treatment (for any reason whatsoever).

This serves to confirm that I (service user), _____ ID number: _____.

This serves to confirm that I, (parent / guardian) _____ ID Number: _____.

I do give my consent for the release of my personal medical information on written request to:

- 1) My parents/guardian
- 2) Members of the Healing Wings South Africa Multi Professional Team
- 3) Another medical fraternity

Sign: _____

Date: _____

Witness: Name: _____ Sign: _____

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RULES AND REGULATIONS

We request that the parent/sponsor and participant read the rules and regulations with care and sign. Please note that this is a minimum 9 month programme – we do not endorse a quick-fix approach to recovery and the applicants need to commit for this non-negotiable time period.

1. You must have a willingness to achieve recovery. This is a process that takes time and you are encouraged to complete the programme.	2. You will adhere to the authority and rules laid down by Healing Wings Youth Centre.
3. Drugs and alcohol are prohibited. Persons and luggage will be searched on arrival and random searches and drug testing will be carried out.	4. All monies, cell phones and medication are to be handed in on arrival.
5. All activities- allocated skills therapy, schooling, daily routine, meetings and meals are compulsory	6. If you damage the property and assets you will be held accountable for damages.
7. You may not leave the property without obtaining consent from the management. Walking alone around the centre is prohibited. Demarcated areas are out of bounds.	8. Allocated duties- bedrooms, ablution block and surrounding environment must be kept clean, neat and tidy at all times.
9. If you leave or abscond, or in extreme cases being expelled, programme and related fees will be forfeited	10. Should a resident abscond from the Healing Wings programme, all valuable and personal effects (i.e. wallet, cellphone etc) will NOT be handed to individual on departure – personal items will be mailed to the individuals sponsor/family directly
11. Healings Wings South Africa will not be held responsible for any property left behind by the resident	12. You may receive letters and e-mails once a week from direct family.
13. Romantic relationships between residents will not be tolerated under any circumstances.	14. Telephone calls are a privilege earned on merit. This will be determined after the first two weeks. During the first two weeks no telephonic or written contact will be allowed. After the initial two weeks, a fixed time slot (10 minutes per week) will allocated on a specific day, during which you may be contacted.
15. Visitations are strictly earned on merit (this will be determined after the first month), and the decision will be made only after consultation between management and parents/sponsors, and will depend on your progress at the time. The first visitation is for family members only as we focus on restoration within the family unit.	16. Parents, sponsors or legal guardians are welcome to contact the assigned counsellor for feedback with regards to progress.
17. Telephonic progress reports will be conducted by the relevant counsellor every 2 weeks, and thereafter a discharge summary upon departure from Healing Wings South Arica. Should you leave prior to completion of treatment, against counsel; a report to this effect will be forwarded to those concerned.	18. Any former or current romantic relationships will not be entertained and no contact will be allowed.
19. I understand that should I be expelled from the Healing Wings programme, I have a maximum time period of 48 hours to leave the Healing Wings premises.	

Parcels may be sent via regular postal services or private courier services e.g. XPS, Sun Couriers etc. Mark parcels clearly with the residents name. XPS have pre-paid, 5 kg sized boxes for sale. They will collect these pre-paid parcels from your home or business and deliver the next day by 17:00 to Nelspruit. The contact number is 0860-000-977. Parcels delivered to the post office before 16:00 can also be sent with their overnight delivery service on request.

Post Office: Healing Wings, Postnet Suite#181, Private Bag X11326, Nelspruit, 1200. Courier services (Physical Address): Healing Wings c/o POSTNET Suite #181, Shop 25 Crossings Shopping Centre Cnr Madiba & Samora Michele Drive Nelspruit 1200 (parcels maximum of 8 kg)

I HEREBY AGREE TO AND WILL ABIDE BY THE ABOVE RULES AND REGULATIONS:

----- Parent/Sponsor -----Service user

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PARTICULARS OF SERVICE USER

Surname: _____

Christian Names: _____

Call name/Nickname: _____

Residential Address: _____

Date of Birth: _____ I.D.: _____

Country: _____ City: _____

Age: _____ Gender: _____

Referred by: _____

Substances Abused: _____

How often? _____

Drug of introduction: _____ Age started using: _____

Current prescribed medication: _____

Allergies / medical conditions: _____

When last did the applicant use substance/s: _____

Date of arrival: _____

Previous rehabilitation centres attended: _____ Duration of stay (& year attended): _____

1. _____

2. _____

3. _____

4. _____

Particulars of Parents/Sponsor/Guardian

Names and Surnames: _____

Home and/or Postal Address: _____

Tel (H) _____ (W) _____ (C) _____

E-mail address: _____

Next of Kin of Applicant: _____ Relationship: _____

Tel (H) _____ (W) _____ (C) _____

E-mail address: _____

NB!!! ON APPLICATION, A BACKGROUND HISTORY OF THE APPLICANT *MUST* BE E-MAILED TO HEALING WINGS SOUTH AFRICA THE RESIDENT *MUST* BRING A THOROUGH MEDICAL REPORT AND ALL PRESCRIPTIONS AND MEDICAL DOCUMENTATION, AS WELL AS 2 - 3 MONTH'S SUPPLY OF ALL PRESCRIPTION MEDICATION. PLEASE ENSURE THAT DENTAL TREATMENT IS COMPLETE BEFORE ARRIVAL. PLEASE ENSURE THAT SIGNED FORMS ARE RETURNED VIA EMAIL BEFORE ARRIVAL, AND THAT AN ID PHOTO ACCOMPANIES THE RESIDENT. ALL RESIDENTS ARE TO BE INTERVIEWED PRIOR TO ACCEPTANCE. CONFIRM TRAVEL DETAILS WITH THE OFFICE PRIOR TO BOOKING

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LETTER OF INDEMNITY (PARENT, SPONSOR OR GUARDIAN)

To be read and signed by legal guardians and sponsors.

On behalf of myself, my executors, administrators, heirs and successors, I undertake not to claim from, nor institute legal action against Healing Wings South Africa, its owners, members, employers, agents or helpers. I hereby indemnify and absolve them from any liability or claims of any nature whatsoever arising from damage, loss or death to my property or person, or any minor person for whom I am responsible whether arising from accident, negligence or any cause whatsoever. I understand that Healing Wings will not be held liable for the direct or indirect effects or consequences of any pre existing medical conditions. I also undertake to pay all costs which may be incurred for medical or other treatment by any person or organization who gives services in the event of an emergency and requires payment for them as well as any transportation or evacuation costs which may be necessary whether by vehicle or aircraft or any other means whether these be for me or any person for whom I am responsible.

----- (Parent/Sponsor/Legal Guardian)

----- (Name of Service User)

Have read, understood and agree to the contents of the above and hereby on the:

----- Day of ----- 201-----

Sign in the acknowledgement thereof:

----- Parent/Sponsor/Legal Guardian

----- Date

Disclaimer:

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Letter of indemnity (applicant)

To be read and signed by legal guardians and sponsors.

On behalf of myself, my executors, administrators, heirs and successors, I undertake not to claim from, nor institute legal action against Healing Wings South Africa, its owners, members, employers, agents or helpers. I hereby indemnify and absolve them from any liability or claims of any nature whatsoever arising from damage, loss or death to my property or person, or any minor person for whom I am responsible whether arising from accident, negligence or any cause whatsoever. I understand that Healing Wings will not be held liable for the direct or indirect effects or consequences of any pre existing medical conditions. I also undertake to pay all costs which may be incurred for medical or other treatment by any person or organization who gives services in the event of an emergency and requires payment for them as well as any transportation or evacuation costs which may be necessary whether by vehicle or aircraft or any other means whether these be for me or any person for whom I am responsible.

----- (Name of Service User)

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Sign in the acknowledgement thereof:

----- Service User -----

Date

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ACCOUNT INFORMATION:

Name and Surname: of Financial Sponsor: _____

Contact Number: (h) _____ (w) _____ (c) _____

Email address: _____

Fax number: _____

Billing information:

Invoices to be made out to: _____

VAT number (if applicable): _____

Postal/Residential Address: _____

Medical Aid Invoice required? (yes/no): _____

Medical Aid Scheme: _____

Membership number: _____

Dependant code: _____

Main members name: _____

Main Members ID number: _____

PREAUTHORISATION NUMBER FROM MEDICAL AID: _____

PLEASE NOTE THE AUTHORIZATION NUMBER NEEDS TO BE FOR A PERIOD OF 21 DAYS

- Healing Wings does NOT claim directly from Medical Aid. Invoices are payable to Healing Wings and we will submit a Medical Aid invoice on your behalf for reimbursement, provided all information is correct and provided. Healing Wings is not responsible for the follow-up of reimbursement payments to the member. PLEASE NOTE THAT THE PATIENT NEEDS TO REQUEST A PREAUTHORISATION NUMBER FROM MEDICAL AID BEFORE ADMISSION TO HEALING WINGS IN ORDER TO AVOID REIMBURSEMENT PENALTIES BEING ISSUED BY THE MEDICAL AID..

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