



**JOHANNESBURG HEALTH DISTRICT**

**Department of Family Medicine, Wits**

*PHC Outreach Team / Community Practice*

**PATIENT FILE**

Ward:…………… CHW:…………………………………Ref.No. ……………

Registered Doctor / Nurse:…………………………………………………….

Family Name: …………………………………………………………………..

Physical Address: ……………………………………………………………….

First Name: ……………………………………………………………………...

Surname: ………………………………………………………………………..

Date of Birth: …………………………… Place of birth: ……………………..

ID No. …………………………………………………………….. Sex: M / F

Cell: ………………………………………. Tel: …………………………………

Schooling: ………………………………………………………………………..

Occupation: ………………………………………………………………………