SASSA Official Stamp





NB: Please write legibly and complete in capital letters

## PART A: CLIENT'S PRIMARY INFORMATION

This form is issued to the bearer of this Identity number

Identity Number															Male		(	Gender		Fema		le
Form of Identification		ID	•			Other methods of Identification used If Otl									ther	spe	ecify					
Surname																						
Full names																						
Official's Name		•	•	•	•		•	•	•			•					•	•	•		•	
Socpen user ID							Contact no								Town							

Issuing	official's	signature

## PART B: CLIENT'S MEDICAL HISTORY (TO BE COMPLETED BY TREATING CLINICIAN / INSTITUTION)

Regular means clinical care for a period of 3 months or more by an independent doctor, clinic or hospital

Regular means clinical care for a period of 3 months of more by an independent doctor, clinic of hospital													ııaı				
I have confirmed the client's name & ID no Yes No																	
Are you the client's regular treating clinician or institution?											S	No					
If your answer no above, what supports your completing of this form? E.g. obvious disability											Elaborate:						
Presenting problem/ Symptoms																	
Diagnosis																	
Complications, if any																	
The client is compliant with treatment Yes No The client abuses illegal substances										ostances		Yes	No				
How has the medical condition changed over the past 3 months?   Improved   Stab								bilized		W	orsene	ed					
Elaborate						•		<u> </u>	•			•					
Is the medical condition preventing the client from being employed?												Yes	No				
Elaborate																	

## **PART C: DECLARATION**

All information furnished by me in this referral form is true and correct to the best of my knowledge.

## Warning! According to:

- Social Assistance Act 13 of 2004 Section 30 states that: (a) "A person is guilty of an offence if he or she intentionally furnishes the Agency with false or misleading information"
- Social Assistance Act 13 of 2004 Section 31 states that: "A person convicted of an offence in terms of this Act is liable to a fine or imprisonment for a period not exceeding 15 years of both a fine and such imprisonment".

Doctor's full names																				
Doctor's Signature																				
												Treati	ng Faci	lity or Doc	tor's	Off	icial	Stam	p	
Date	d	d	/	m	m	/	С	С	У	У										
Tel:																				
Cell:											MP	OTMP	PT	SANC						

Mark with  $\sqrt{}$  the correct box and supply relevant practitioner no.