Return to:
Chronic Medication Utilisation Department
Namibia Medical Care
P.O. Box 24792
Windhoek, Namibia

NMC
NAMIBIA MEDICAL CARE

Enquiries
Tel. (061) 287 6226
Email: chronicmeds@methealth.com.na

APPLICATION FOR CHRONIC MEDICATION BENEFITS

1. PATIENT DETAILS

Name

Surname

D.O.B (D D M M Y Y) Membership No.

Gender (M F) Weight (kg) Height (cm) Blood Pressure /

Smoking: Never ☐ Ex-Smoker ☐ <10 Per Day ☐ >10 Per Day ☐

Exercise: Never ☐ <1 Hour Per Week ☐ 1 - 3 Hours Per Week ☐ >3 Hours Per Week ☐

I authorise the medical practitioner to furnish and/or disclose any fact relating to this application to the Managed Health Care Division, as well as any additional information that may be required from time to time.

I hereby certify that the information provided on this form is correct and understand the terms of this application. I also understand that my/my dependant's participation is subject to my/my dependant's eligibility under the Fund. I agree that my/my dependant's condition may be subject to disease management interventions.

Member's Signature _____ Date (D D M M Y Y)

2. DETAILS OF MEDICAL PRACTITIONER

Surname

Contact Number

Qualifications Practice No.

3. PRESCRIBED CHRONIC MEDICATION:

Chronic Condition and Date of Diagnosis	Medication Prescribed (Trade Name of Generic Equivalent)	Strength (e.g. 50mg)	Direction (e.g. tds)	Date Medication Started	Type and Date of Investigation/Report

**Please perform an HbA1c test and submit the results if prescribing medicine for Diabetes Mellitus/Insipidus.*

May a less-expensive generic equivalent be used? Yes No

4. DISCONTINUED CHRONIC MEDICATION:

Diagnosis	Medication Prescribed (Trade Name of Generic Equivalent)	Strength (e.g. 50mg)	Direction (e.g. tds)	Date Medication Started

Patient History				Description	Family History			
Yes		No		Heart Disease	Yes		No	
Yes		No		Previous Myocardial Infarction	Yes		No	
Yes		No		Other Major Ailments	Yes		No	

I hereby certify that the medical information provided on this Application Form is correct.

Medical Practitioner's Signature _____ Date D D M M Y Y