

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, www.discovery.co.za, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

Purpose of the form

The purpose of the form is to manage an exception process of manually capturing Health Check metrics for members outside of South Africa and members within South Africa who do not have access to healthcare providers in the Discovery Wellness Network. Please make sure you are using the most up-to-date form. Download the latest version of all forms from www.discovery.co.za, Medical Aid > Manage your health plan > Find important documents and certificates.

How to complete this form

This form must be completed and emailed to healthchecks@discovery.co.za.

1. Healthcare Professional details

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>								
Surname	<input type="text"/>								
Practice/registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>								

2. Member details

First name(s)	<input type="text"/>								
Surname	<input type="text"/>								
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>								

3. Screening for adults (18 years and older)

Blood pressure	Systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Diastolic	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Mass Index	Height	<input type="text"/>	<input type="text"/>	<input type="text"/>	Weight	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Abdominal circumference	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Blood glucose	Random glucose	<input type="text"/>	<input type="text"/>	<input type="text"/>	HbAC1c	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cholesterol	Total cholesterol	<input type="text"/>	<input type="text"/>	<input type="text"/>	HDL	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LDL	<input type="text"/>	<input type="text"/>	<input type="text"/>	Triglycerides	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Screening for children (2 - 18 years old)

Blood pressure	Systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Diastolic	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Body Mass Index	Height	<input type="text"/>	<input type="text"/>	<input type="text"/>	Weight	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	Abdominal circumference	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Healthcare provider signature	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>