

Patient Name	
Medical Aid	
Medical Aid No.	
Dependent Code	
Date of Admission	
Address	

LETTER OF MOTIVATION

Medical intervention still required in Acute that might delay transfer to Rehab facility:

YES ☐ NO ☐

If YES specify:

Referring Hospital:		Next of Kin:	
Referring Ward:		Contact Number:	

PLEASE SELECT THE APPROPRIATE HOSPITAL (Send the completed form to the relevant email below)

GAUTENG PROVINCE	KWAZULU NATAL PROVINCE	
☐ NURTURE ALBERTON alb.casemanager@nurturehealth.net	☐ NURTURE ILEMBE  ile.casemanager@nurturehealth.net	☐ NURTURE GEORGE geo.casemanager@nurturehealth.net
☐ NURTURE CARE@MIDSTREAM  cam.referral@nurturehealth.net		☐ NURTURE HELDERBERG hel.casemanager@nurturehealth.net
☐ NURTURE CLAYTON HOUSE  ch.referral@nurturehealth.net	EASTERN CAPE PROVINCE	☐ NURTURE HERMANUS her.casemanager@nurturehealth.net
☐ NURTURE MONTANA mon.casemanager@nurturehealth.net	☐ NURTURE AURORA  aur.referral@nurturehealth.net	☐ NURTURE MOSSEL BAY  mos.casemanager@nurturehealth.net
☐ NURTURE RYNMED ryn.casemanager@nurturehealth.net	☐ NURTURE BEACON BAY bea.casemanager@nurturehealth.net	☐ NURTURE NEWLANDS new.casemanager@nurturehealth.net
☐ NURTURE VEREENIGING ver.casemanager@nurturehealth.net	WESTERN CAPE PROVINCE	☐ NURTURE PAARL paa.casemanager@nurturehealth.net
FREE STATE PROVINCE	☐ NURTURE BLOUBERGSTRAND  blo.casemanager@nurturehealth.net	☐ NURTURE STELLENBOSCH ste.casemanager@nurturehealth.net
☐ NURTURE HILLANDALE hil.casemanager@nurturehealth.net	☐ NURTURE CAPE VIEW  capeview@nurturehealth.net	☐ NURTURE WORCESTER wor.casemanager@nurturehealth.net

*Hospitals Specialised in Ventilation Rehabilitation 

DIAGNOSIS AND COMMENTS

MAIN DIAGNOSIS:	
ICD-10 CODES:	
CO-MORBIDITIES:	
MOTIVATIONS:	

CONTACT DETAILS

REFERRING DOCTOR:		PRACTICE NUMBER:	
CONTACT NUMBER:		DATE	SIGNATURE: