+264 81 485 5891
admin@valor.com.na
D12&D13 Kransneus, Windhoek

Confidential

ADMISSIONS TO PSYCHOTHERAPEUTIC CENTRE

(DSM form for pre-Authorisation purposes)

PATIENT DETAILS:

Name and Surname	
ID Number / Date of Birth	
Medical Aid	
Member Number	
Contact Number	

PARTICULARS OF PRINCIPAL MEMBER

Name and Surname	
ID Number / Date of Birth	
Medical Aid	
Member Number	
Contact Number	

ADMITTING PSYCHOTHERAPEUTIC CENTRE AND PARTICULARS OF MEDICAL PRACTITIONER

Referring Practitioner Name	
Profession: [eg. Psychologist/GP/Psychiatrist]	
Contact Number & Email Address	
Receiving Centre Information	Valor Wellness Retreat
Practice Number	
Centre Contact Number & Email Address	+264 81 485 5891 admin@valorr.com.na

CLINICAL INFORMATION - PSYCHIATRIC DIAGNOSIS

AXIS I: Clinical Diagnosise.g. Major Depressive episode In the case of MDD, indicate score on a depression scale	
AXIS II: Personality type or Intellectual Disorder if applicable, if not defer	
AXIS III: General medical condition if applicable	
AXIS IV: Psychosocial and Environmental Factors	
AXIS V *(GAF Score):* [Insert score]	

Presenting Symptoms: [Brief description e.g., Persistent low mood, insomnia, social withdrawal, passive suicidal ideation]	
Risk Factors: [Detail any known suicidal ideation, past attempts, substance use, self-harm, etc.]	

Treatment History (Past interventions):	**Existing**	**Proposed [To be reviewed by attending practitioner]**
Psychotherapy eg. 6 sessions CBT with psychologist		
GP Consultations		
Medication History		

CHRONIC CONDITIONS:

FUTHER COMMENTS:

Proposed Admission Date	
Proposed Length of Stay: [e.g., 14-Day Intake, 21-Day Intake, 28-Day Intake	
Prognosis with In-House Treatment: [e.g., Good with adherence to treatment and multidisciplinary input]	

Urgency of admission: **ASAP** ☐ **Urgent** ☐ **Very Urgent** ☐

Referring Medical Practitioner

STAMP

Referring Clinical Psychologist

STAMP