

Bonitas Wellness Assessment



Are you the principal member? ☐ 0 Name Surname

Other role: PLEASE TICK Spouse ☐ 1
Child Dependant ☐ 2 Adult Dependant ☐ 3

Contact us Tel: 0860 002 103
www.medscheme.co.za

This form must be completed by the Nursing Sister on duty during the Bonitas Wellness Screening

1. Pharmacy details

Date Pharmacy Name RUSTENBURG VITACARE PHARMACY: 6002692
Nurse

Patient details

Name Surname
ID number Bonitas member number
DOB Sex: Male ☐ Female ☐
Tel No: Cell Phone No:

For Nursing Sister - Results captured:

Body Mass index
Height cm
Weight kg
Abdominal circumference cm
Blood pressure
Systolic
Diastolic
Pharmacy screening
Glucose mmol/l
Cholesterol mmol/l

Lifestyle Questions

Non smokers' declaration

Never smoked ☐ Ex-smoker ☐ Current smoker ☐
If the member is an ex-smoker, has it been more than three months? Yes ☐ No ☐ Specify: mnths yrs

How many servings of fruit do you eat a day?

How many servings of veggies do you eat a day?

How many days are you active a week on average?

Less than once a week ☐ Once a week ☐ Twice a week ☐ Three times a week ☐ Four or more times a week ☐ Less than 5 minutes ☐

If you are physically active, for how many minutes do you exercise a day?

15-30 minutes ☐ 30-45 minutes ☐ 45-60 minutes ☐ 60-75 minutes ☐ 75-90 minutes ☐ More than 90 minutes ☐

Flu vaccination

Date

HIV Testing and Counselling

Date

Vaccinations

Completing childhood vaccinations – children younger than 24 months Yes ☐ No ☐

Date

* Download the BONITAS MEMBER APP from the Google Playstore to access your medical aid information & complete your own wellbeing WELLNESS QUESTIONNAIRE