

(To be completed by treating doctor)



Contact details

Tel: 0860 002 133 • www.sabmas.co.za

Who we are

Purpose of the form

This form is to apply for palliative care through the Advanced Illness Benefit (AIB) for advanced oncology/cancer care or the Compassionate Care Benefit (CCB) for non-oncology care.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it digitally.
2. To avoid administration delays, please ensure this application is completed in full and signed by both the doctor and the member (or their proxy).
3. Fill in section 1 to 3 of the application form and sign section 11.
4. Your treating doctor needs to complete section 4 to 11. Only applications signed by the treating doctor will be accepted.
5. Please return the completed application form to us by email to **AIB@sabmas.co.za** for the Advanced Illness Benefit, or to **CCB@sabmas.co.za** for the Compassionate Care Benefit.

The treating doctor and the patient will receive a letter informing them of our decision and what to do next for approved requests.

Date of application	D	D	M	M	Y	Y	Y	Y
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1. Patient's details

Title		Initials	
Surname			
First name(s) (as per identity document)			
Membership number		Date of birth	
Cellphone		Telephone	
Email			

Residential address

Suite/Unit number		Complex/Building	
Street number		Street name	
Suburb			
City		Postal code	

2. About the patient's next-of-kin

Title		Initials	
Surname			
First name(s) (as per identity document)			
Relationship			
Cellphone			Telephone
Email			

Title		Initials	
Surname			
First name(s) (as per identity document)			
Relationship			
Cellphone		Telephone	
Email			

3. Advance Healthcare Planning

Does the patient have an Advance Care Plan and/or a Living Will? Yes ☐ No ☐

If "Yes", give the nominated third party's details or the proxy's details

Title		Initials	
Surname			
First name(s) (as per identity document)			
Relationship			
Cellphone		Telephone	
Email			

4. About the referring doctor

Surname			
First name(s)			
BHF Practice number		Speciality	
Telephone			
Email			

5. About the treating doctor

Same as above	☐
Surname	
First name(s)	
BHF Practice number	
Speciality	
Telephone	
Email	

6. Clinical summary for patients with advanced cancer only (treating doctor to complete)

Date of assessment		
Date of cancer diagnosis		ICD-10 code
Primary cancer diagnosis		
Current Stage TNM	TX ☐ T0 ☐ T1 ☐ T2 ☐ T3 ☐ T4 ☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N3 ☐ MX ☐ M0 ☐ M1 ☐	
If other, please specify		
Metastasis	Yes ☐ No ☐ Unknown ☐	
Site of Metastasis	Bone ☐ Brain ☐ Liver ☐ Lung ☐	
If other, please specify		

Previous chemotherapy, radiotherapy and surgical interventions

Number of unplanned admissions in the past six months

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Have you and your patient discussed why you are applying for this benefit at this stage?

Yes ☐

No ☐

Other relevant clinical information

Treatment intent

Palliative ☐

Curative ☐

Disease directed treatment ongoing

Yes ☐

No ☐

If "Yes", provide the type of treatment e.g. radiotherapy, chemotherapy, targeted therapy. Details:

If **palliative chemotherapy** is planned, provide details of **exact intent** of treatment, e.g. tumour response, improvement in function, symptom control (please specify).

Treatment start date

D	D	M	M	Y	Y	Y	Y
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Planned duration of treatment

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If "No", provide the date and details of the last treatment

Date

D	D	M	M	Y	Y	Y	Y
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Details

7. Clinical summary for patients with non-oncology conditions only (treating doctor to complete)

Date of assessment

D	D	M	M	Y	Y	Y	Y
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Date of diagnosis

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ICD-10 code

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Primary diagnosis

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Number of unplanned admissions in the past six months

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Have you and your patient discussed why you are applying for this benefit at this stage?

Yes ☐

No ☐

Treatment to date

ECOG Performance Status ¹		ECOG Performance Status ¹	
Karnofsky Performance Scale ²		Karnofsky Performance Scale ²	

Lansky Scale ³		Lansky Scale ³	
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[illegible]

Social Worker	☐	Please specify	
Counselling	☐	Please specify	
Home nursing (excluding frail care)	☐	Please specify	
Oxygen	☐	Please specify	
Hospice	☐	Please specify	
Referral to palliative care doctor	☐	Please specify	
Bed rentals (subject to Option type and review)	☐	Please specify	
Other	☐	Please specify	

Planned date of next assessment

D

D

M

M

Y

Y

Y

Y

11. Other treating doctors

Name

Practice number

Speciality

Telephone

Email

Name

Practice number

Speciality

Telephone

Email

I understand what the Advanced Illness Benefit or Compassionate Care Benefit can offer to the patient and that he/she is comfortable to proceed with registration.

Doctor's signature

Date

D

D

M

M

Y

Y

Y

Y

By signing consent, I give permission for the identified next-of-kin to be contacted in order for us to assist with my healthcare needs. I understand that as my condition changes, other treatment plans may be introduced and I give permission for other multidisciplinary healthcare professionals to be contacted.

Member/patient or third party/proxy signature on behalf of the member

Date

D

D

M

M

Y

Y

Y

Y

ECOG Performance Status ¹	Karnofsky Performance Status ²
0 — Fully active, able to carry on all pre-disease performance without restriction	100 — Normal, no complaints; no evidence of disease 90 — Able to carry on normal activity; minor signs or symptoms of disease
1 — Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work	80 — Normal activity with effort, some signs or symptoms of disease 70 — Cares for self but unable to carry on normal activity or to do active work
2 — Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours	60 — Requires occasional assistance but is able to care for most of personal needs 50 — Requires considerable assistance and frequent medical care
3 — Capable of only limited self-care; confined to bed or chair more than 50% of waking hours	40 — Disabled; requires special care and assistance 30 — Severely disabled; hospitalisation is indicated although death not imminent
4 — Completely disabled; cannot carry on any self-care; totally confined to bed or chair	20 — Very ill; hospitalisation and active supportive care necessary 10 — Moribund
5 — Dead	0 — Dead

Karnofsky Performance Status (recipient age ≥ 16 years) ²	Lansky Scale (recipient age > 1 year and < 16 years) ³
Able to carry on normal activity, no special care is needed 100 — Normal, no complaints; no evidence of disease 90 — Able to carry on normal activity; minor signs or symptoms of disease 80 — Normal activity with effort; some signs or symptoms of disease	Able to carry on normal activity, no special care is needed 100 — Fully active 90 — Minor restriction in physically strenuous play 80 — Restricted in strenuous play, tires more easily, otherwise active
Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed 70 — Cares for self but unable to carry on normal activity or to do active work 60 — Requires occasional assistance but is able to care for most of personal needs 50 — Requires considerable assistance and frequent medical care	Mild to moderate restriction 70 — Both greater restrictions of, and less time spent in active play 60 — Ambulatory up to 50% of time, limited active play with assistance/supervision 50 — Considerable assistance required for any active play, fully able to engage in quiet play
Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly 40 — Disabled, requires special care and assistance 30 — Severely disabled, hospitalisation is indicated, although death not imminent 20 — Very ill, hospitalisation and active supportive care necessary 10 — Moribund, fatal process progressing rapidly	Moderate to severe restriction 40 — Able to initiate quiet activities 30 — Needs considerable assistance for quiet activity 20 — Limited to very passive activity initiated by others (e.g. TV) 10 — Completely disabled, not even passive play

1. Sørensen J, Klee M, Palshof T, Hansen H. Performance status assessment in cancer patients. An inter-observer variability study. British journal of cancer. 1993;67(4):773.
2. Schag CC, Heinrich RL, Ganz P. Karnofsky performance status revisited: reliability, validity, and guidelines. Journal of Clinical Oncology. 1984;2(3):187-93.
3. Lansky SB, List MA, Lansky LL, Ritter-Sterr C, Miller DR. The measurement of performance in childhood cancer patients. Cancer. 1987;60(7):1651-6.