Coloplast®
Care

Coloplast

Registration Form - Ostomy

- ☐ Have provided informed consent to use the specific Coloplast® product.
- ☐ Consent to form part of the Patient Support Programme Coloplast® Care.
- ☐ Consent to receive technical support on the safe and proper use of the prescribed product.*
- ☐ Consent to receive information and updates from time to time.

For full details on each of the above components of the programme, please refer to the leaflet accompanying this form. Copies of our policies in relation to our suport, call centre and database programme are available on our website: www.coloplast.co.za

Personal Information

Name & Surname: ..... Initials: .....

Postal Address: .....

..... Code: ☐☐☐☐

*Residential Address: .....
(Required should you consent to receive technical support on product use)

.....

Telephone (Home): ..... Cell Phone: .....

Next of kin (Name): ..... Contact No: .....
(Required should we find it difficult to reach you)

Occupation: .....
(Required in order to help us understand your needs)

Date of Birth: ☐☐☐☐ ☐☐ ☐☐

Clinical Information

Hospital where you were admitted: ..... Date of operation: ☐☐☐☐ ☐☐ ☐☐

Procedure: .....

Type and duration of stoma:

- ☐ Colostomy ☐ Ileostomy ☐ Urostomy
- ☐ Permanent ☐ Temporary ☐ Temporary

Support Staff

The following person will provide you with training and support on the stoma product you have consented to:

Name: ..... Contact No: .....

Product details

Product code no: ..... Preferred supplier: .....

☐ *I hereby declare that I have read and understood this form, and consent to the aspects of the programme as outlined above and in the accompanying patient leaflet.*

....

Patient signature Date

Coloplast SA
P.O. Box 505
Wendywood, 2144
Tel: 0861 0265 675
Fax/Orders: (011) 802-2924
Co. Reg. No. 94/08533/10
www.coloplast.co.za

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Please read this before completing and signing the Coloplast® Care forms

If you have ticked any or some or all of the blocks on the form, the following terms and conditions apply to the various programme components:

Our support programme

You would have been taken through a process of "informed consent", whereby you would have been provided, by your healthcare professional, with the various options, costs, benefits and risks of care products associated with your condition. Through these process, you would have consented to use of a Coloplast product.

As is our duty in terms of the Consumer Protection Act, we have to provide you with all the technical support and details relating to the product, its' safe and effective use. We also have to help you evaluate any risk that might be associated with product use. For this purpose, we make available the services of a trained stomatherapist for one consultation. This specially trained nurse practitioner will, during this consultation, show you how to correctly use the product. Subsequent consultations have to be paid from your medical scheme and/or out of pocket.

During this session, the professional contracted by us to provide this technical support service, will have to touch you, and in ticking the technical support box on the consent form, you consent to being touched by the professional, and you agree that you understand that this is necessary in order to illustrate the correct use of the product.

The cost of the product itself has to be covered by either your medical scheme or other insurance, or out of pocket. In the case of care provided or initiated in the state sector, the product may be covered by the specific public sector facility. All products are sold subject to our terms and conditions of sales are available at www.coloplast.co.za

Our database and call centre

By forming part of our database, either by calling our call centre, and/or completing the consent form, you will be able to receive information and updates from us, such as newsletters containing health and nutrition tips and product news as well as product samples and information on international trends in patient care. You may also stand the chance to win any one of our competitions that we may run from time to time.

In addition, by calling our call centre line, you will have access to a nurse specifically trained in ostomy and continence care. They will provide you with telephonic advice on the product and your condition, within the limits of what is possible in a telephonic consultation. This advice should, however, not be construed as complete medical advice, and you are advised to consult a healthcare expert in person for detailed information or medical support.

Your information will only be entered into our database and you will only receive information from us, should you have ticked the appropriate box on the consent form. You can at any stage opt out of the database and/or the call centre support programme by contacting us at tel: 011 802 2943, sharecall: 0860 296 465 or email: zanpy@coloplast.com. Your information will then be removed from the database.

The clinical information you provide helps us to understand our clients and their needs better. It also helps us to gather data on the incidence of certain conditions, as well as common challenges in the use of our products, which will assist in ensuring that future product design and our support programmes overcome such challenges. If used and kept in this sense, all data will be de-identified, i.e. your name, surname, contact details and address will be removed from such general database. our database is not for sale or use by any third party.

For patients who have spinal cord injuries, the information you provide on the form will be passed on to Quadriplegic Association of South Africa (QASA) for use to lobby government and other stakeholders in the interests of quadriplegics in South Africa.

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