

New Patient Registration Form

Dear Sir/Madam,

Welcome to Bumrungrad International. As a new patient, we need you to answer a few questions in order for us to serve you more effectively. If possible, please complete all fields. At a minimum, please fill in the mandatory fields marked with an asterisk (*). We need this information to provide the quality of service you deserve.

- Management

Personal Information

Do you have history of an allergy? (drug/food/others)* No known allergy Yes (please specify) H.N. _____

First Name (Mr., Master, Mrs., Ms., Miss, Others)*

Middle Name

Family Name (Last Name)*

Gender* Male Female Date of Birth*

d	d

 -

m	m

 -

y	y	y	y

 Age _____ Yrs.

Passport or I.D. No.: _____ Primary Language* _____ Nationality* _____

Country of Residence _____ Marital Status Single Married Others _____

Ethnic Group: Asian Caucasian African Middle Eastern Others _____

Religion: Buddhist Christian Catholic Muslim Hindu Sikh Others _____

Education level Below Bachelor's degree Bachelor's degree Master's degree Above Master's degree N/A

Contact Information

Where do you live now? (Mailing address)*

No./ Street / Road _____

City / State / Province _____ Country _____ Postal Code _____

Home Tel. _____ Office Tel. _____ Mobile Tel. _____

Address in Thailand (Temporary address for Visitors only)

No./ Street / Road _____

City / Province _____ Postal Code _____

Home Tel.* _____ Office Tel. _____ Mobile Tel.* _____

e-Mail* _____

Emergency Contact Person Full Name (Mr., Mrs., Ms., Miss, Others)* _____

Tel. _____ Relationship to Patient _____

How did you hear about us Family/Friend(s) Health Professional Hospital Website TV advertising Others _____

For patients who live outside Thailand:

Which best describes the main purpose of your trip to Thailand? Medical treatment Business or tourist Other _____

Signature, Patient

Patient's representative name (Block letter)

Relationship

Update information

Date

Witness/Translator (Block letter)

Language used in Translation

By _____