New Patient Registration Form

Bumrungrad International

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 _____