# NEW PATIENT REGISTRATION FORM , THAMMASAT UNIVERSITY HOSPITAL

PLEASE FILL THIS FORM AND CHECK

ID CARD NO. / Passport NO. .....

Prefix /Position .....First Name ..... Middle Name .....Last Name .....
Date of Birth (DD/MM/YY) ..... Age..... Year ..... Month ..... Day
Gender ☐ Male ☐ Female Occupation .....
Marital / Social Status ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated ☐ Priest
Nationality ..... Race ..... Religion .....
Condition Of Patient ☐ Good Conscious ☐ Unconscious

Present Address / Address ID ..... Moo .....Soi .....Street .....
Sub District .....District.....Province ..... Postal Code ..... Telephone (Home) ..... Mobile Phone ..... Email address.....

Father's name ..... Mother's name .....

Contact person in case of Emergency .....
Contact Address .....
Telephone (Home) ..... Mobile Phone .....

Relationship ☐ Father ☐ Mother ☐ Child ☐ Wife ☐ Husband
☐ Relative ☐ Friend ☐ Guardian ☐ Employer ☐ Travel Guide
☐ Other , Please Specify .....

## Financial right

☐ Government /Unit : .....
☐ State Enterprise / Unit : .....
☐ Social Insurance : Hospital.....
☐ TU Students /Faculty of .....
☐ Insurance : .....
☐ Other .....

## Drug Allergy

☐ No
☐ Yes (Please Specify).....

Blood Group
☐ A ☐ B ☐ O ☐ AB ☐ Other,Please Specify.....

If hereby certify that my personal data given to the medical record of Thammasat University Hospital are true and correct. I also give permission to Thammasat University Hospital to take my picture in order to keep as a record and for medical purpose. If any incorrect or fault data are found, I will be solely responsible for all damages and negative consequences that may cause to any third party.

Signature ..... ☐ Patient ☐ Relative

## STAFF ONLY

Credential / Document Certificate
☐ Passport
☐ Birth Certificate
☐ Work Permit
☐ None
☐ Other .....

Informantion From
☐ Patient ☐ Relative
☐ Other .....

Signature ..... Recipients
Date .....Time.....
Signature..... Auditor

REV 3
Date 1,9,2012