

International Patient Hospital Registration Sheet

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Personal Information

1) Patient Name: _____
First Middle Last

2) Date of Birth: / / 3) Marital Status: _____ 4) Gender: M / F
Day / Month / Year

5) Name of Spouse: _____

6) Nationality (Please list all): _____

7) Passport #: _____ 8) Place of Issue: _____

9) Driver's License #: _____ 10) Social Security #: _____

11) Other ID #: _____ 12) National ID #: _____

13) Address: _____
a) House # b) Apartment # c) Building Name

d) Address 1

e) Address 2

f) Address 3

g) City

h) State

i) Postal Code

j) Country

14) Home Phone: _____ - _____ - _____
Country Code Area Code Number

15) Cell: _____ - _____ - _____ Other: _____ - _____ - _____

16) Fax: _____ - _____ - _____ Email: _____

Additional Contact Information

17) Additional Contact Name: _____ 18) Relation: _____

19) Phone: _____ - _____ - _____ 20) Location: _____
(Country)

21) Address: _____

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Insurance Information

22) Insurance: _____

Company Name

23) Phone _____ - _____ - _____

24) Fax _____ - _____ - _____

25) _____ 26) _____

Name of Insured

Relation to patient

27) Policy #: _____ 28) Group#: _____

29) Claim #: _____

30) Insurance Address: _____

To ensure that your claim is processed in a timely fashion, please inform your insurance company of your hospitalization.

Employer Information

31) Employer: _____ 31) Occupation: _____

32) Employer Address: _____

33) Employer Phone: _____ - _____ - _____

Previous Hospitalizations

34) Have you previously been admitted to this hospital? Yes No

34a) If yes, please list dates of admission:

Other

Please provide the hospital representative with any important documents such as your passport, ID card, insurance card, or insurance policy.

Notes:

