

NEW PATIENT REGISTRATION FORM

No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560 099.
 Phone : 080-7122 2222 Fax : 080-27832648

PLEASE USE CAPITAL LETTERS

Patient Name			
Father / Husband / Guardian Name			
Mother Tongue			
Gender (Please Tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Age / Date of Birth			
Marital Status (Please Tick)	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	
Yeshawini <input type="checkbox"/>	Corporate/Insurance <input type="checkbox"/>	Self Paid <input type="checkbox"/>	
Emergency (Local) Contact Name & Address		Permanent Address (Mandatory)	
Name :	Name :		
Address :	Address :		
	City :	Pin Code :	
	State :	Country :	
	Telephone No. :	Mobile :	
Telephone No.	Passport No. (For Foreign Patients Only) :		
To Meet Dr.			
Referring Doctor's Name and Address			

I, the undersigned, declare that the information provided by me is true to the best of my knowledge and give consent for my treatment at Narayana Hrudayalaya Hospital. I authorize the Hospital staff to provide care, treatment and Perform diagnostic procedures (This includes all routine diagnostic tests) in the judgment of the Consultant necessary for my treatment. I Certify that I have read this form / I have been explained in the language (-----) understood by me.

Date : _____
 Time : _____
 Signature of the Patient / Relative : _____
 Name : _____