

Patient Registration Form (病人登記表)

Today's Date (今天日期): ____/____/____

Patient Information (病人資料)

Last Name (姓): _____ First Name (名): _____

Date of Birth (出生日期): _____ Gender (性別): _____

Address (地址): _____

Home Phone Number (家庭電話): _____

Mobile Phone Number (手機電話): _____

Email Address (電子郵件地址) _____

Preferred Pharmacy (藥房地址): _____

Past Medical History (醫療病史) _____

Past Surgical History (手術病史) _____

Food Allergies (食物過敏) _____

Medication Allergies (藥物過敏) _____

Chronic Medication (服用藥物) _____

Parent or Guardian Information (父母或監護人資料)

Father or Guardian Information (父親或監護人)

Last Name (姓): _____

First Name (名): _____

Date of Birth (出生日期): _____

Gender (性別): _____

Address (地址): _____

Phone Number (電話): _____

Email Address (電子郵件地址) _____

Mother or Guardian Information (母親或監護人)

Last Name (姓): _____

First Name (名): _____

Date of Birth (出生日期): _____

Gender (性別): _____

Address (地址): _____

Phone Number(電話): _____

Email Address (電子郵件地址) _____

Signature of Patient if ≥ 18 years old (18歲或以上 病人簽名) _____

Signature of Parent or Legal Guardian if < 18 years old (18歲以下 父母或監護人簽名) _____