Name of Hospital :

Patients Registration

UHID :

ContactNumber : +91-

Name :____.

Gender : ☐ Male ☐ Female

Fathers/Husband Name :____.

Email :____.

DOB /Age :

Weight :

Height :

Blood Group :

Nationality : _______________________________________.

Marital status : ☐ Single ☐ Married ☐ Widower ☐ Divorced ☐ Separated

Religion : _______________________________________.

Occupation : ☐ Business Owner ☐ Director ,Chief Executive & Senior officers

☐ I.T Professionals ☐ Medical Professionals ☐ Bank Professional

☐ Sales and Marketing ☐ Agriculture worker ☐ Defense Services

☐ Homemakers ☐ Student ☐ Other

Family income :

Education Qualification : ☐ Doctorate ☐ Post Graduation ☐ Graduation

☐ Diploma ☐ Higher Secondary /HighSchool

☐ None of the Above

Passport Number(In case of Foreign citizen):________________________________.

AadharNumber :____.

Address (First Line) :____.

District:____.

State :____.

Pincode :

Name of Hospital :

Referred By:____.

Insurance Policy

Name of Company :____.

Policy Number :____.

Medical Assessment :

☐ Diabetes ☐ Thyroid ☐ PCOD ☐ Cholesterol

☐ Physical Injury ☐ Heart Condition ☐ Hypertension

☐ Depression ☐ Anemia ☐ Thalassemia

☐ HIV ☐ Low/High Blood Pressure ☐ Pregnancy

☐ Physically challenged ☐ Mentally challenged

☐ Terminally Ill, Specify: ____.

☐ Surgery/Treatment, Specify: ___________________________________.

____.

Addiction : ☐ Alcohol ☐ Smoking ☐ Tobacco

Allergies :____.

Immunization:

Select	Vaccination Details	Given On	Due Date
☐	**Covid -19 :**		
☐	**Hepatitis B :**		
☐	**Rotavirus :**		
☐	**Diphtheria, tetanus, &acellular pertussis :**		
☐	**Haemophilusinfluenzae type b :**		

Name of Hospital :

☐	**Pneumococcal conjugate :**		
☐	**Inactivated poliovirus :**		
☐	**Influenza :**		
☐	**Measles, mumps, rubella :**		
☐	**Varicella :**		
☐	**Hepatitis A :**		
☐	**Human papillomavirus :**		
☐	**Meningococcal :**		
☐	**Meningococcal B :**		
☐	**Dengue :**		

Regular Medication :

Medication Name	Dose	Note

Created By : _______________________________.

Created On : / / 20__ At __________.