

**Medical Record APPLication form Bhumibol Adulyadej Hospital**

ID card No. (Thai only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			สิทธิการรักษา <input type="radio"/> บัตรจ่ายตรง <input type="radio"/> ประกันสุขภาพ <input type="radio"/> ประกันสังคม <input type="radio"/> บริษัทคู่สัญญา <input type="radio"/> ต้นสังกัด <input type="radio"/> เงินสด <input type="radio"/> อื่นๆ .....
Passport No. / Expatriate .....			
<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> other .....			
First name ..... Middle name ..... Last name .....			
<b>Sex</b> <input type="radio"/> male <input type="radio"/> Female	<b>Date of birth</b> ..... / ..... / .....	Age .....	
Race ..... Nationality ..... Religion .....			
social status <input type="radio"/> single <input type="radio"/> married <input type="radio"/> widow <input type="radio"/> divorced			
Father's name ..... Mother's name ..... Spouse's name <input type="radio"/> Husband <input type="radio"/> Wife .....			
<b>Address in Thailand or Office Address</b>	<b>Tel. No.</b>		
Address ID ..... soi ..... District .....	office .....		
Province..... Naerly Landmark .....	mobile.....		
E-mail address .....			
<b>Adress in country of residence</b>			
..... ..... Country .....			
<b>Contact person in Case Emergency</b>			
Name ..... Relationship .....			
Contact address .....	<b>Tel. No.</b>		
.....	mobile .....		
Drug / Food Allergy <input type="radio"/> yes ..... <input type="radio"/> no	Underlying ..... .....	Bllod gr. .....	

"I hereby certify that my personal data given to Bhumibol Adulyadej Hospital are  
TRUE AND CORRECT"

ลงชื่อ .....

(.....)

Date ..... / ..... / .....