

OPD NO: \_\_\_\_\_

DATE : \_\_\_\_\_



## PATIENT REGISTRATION FORM

 Mr  Mrs  Ms

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  FemaleMarital Status:  Single  Married

Mother Tongue: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Nationality:  Indian  NRI  Expats  Foreigner (country) \_\_\_\_\_

Foreign Nationals: Passport No: \_\_\_\_\_ Date of Expiry of Visa: \_\_\_\_\_

Occupation:  Service  Professional  Business  Others (specify) \_\_\_\_\_Education:  Graduate  Post-Graduate  Others (specify) \_\_\_\_\_Annual Income:  Less than 3.5 lakhs  3.5 lakhs to 10 lakhs  More than 10 lakhsCategory:  Self  TPA  Corporate  Others (specify) \_\_\_\_\_

How did you know about Beams Hospitals?

 Referred by a Doctor (Name) \_\_\_\_\_  Walk In Friend / Relative  Advertisement  Others (specify) \_\_\_\_\_

Signature of the patient