

Medical Appointment

*Required fields

Patient Registration Number		
* Name	First Name	Last Name
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
* Date of Birth		
* E-Mail		
* Mobile Phone Number		
* Emergency Contact Number		
* Passport Number		
* Passport Expiration Date		
* Nationality		
* Language	<input type="checkbox"/> English <input type="checkbox"/> Русский язык <input type="checkbox"/> 中國語 <input type="checkbox"/> 日本語 <input type="checkbox"/> МОНГОЛ ХЭЛ <input type="checkbox"/> Others	
Date of Arrival in Korea		
Duration of Stay		
Address in Korea		
Address in Home Country		
* International Insurance	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
* Korean National Health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Symptoms & Medical Services Required		

Other Opinions	
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The collected personal information shall be used for medical services only and shall be protected by the Personal Information Protection Act of Korea.

Date _____

Patient _____

Sign here _____

※ Note: If the patient is under 14 years of age, the legal representative will fill out the form.

