Activity 5

Situation : At the hospital

Nurse   : Good morning. May I help you?

Patient : I have a fever. I would like to see the doctor.

Nurse   : Do you have a patient card?

Patient : No, this is my first time. What thing I have to do?

Nurse   : You have to fill in the registration form. The blue one is for new patient.

Patient : Thank you.

New Patient Registration

Please fill in the form below

Name

First name   Last name

E-mail   Sex

Date of Birth

Month   Day   Year

Height (cms)   Weight (kgs)

Contact Number   Marital Status

Address

In case of emergency...

Emergency Contact

First name   Last name

Relationship   Contact Number

Taking any medications, currently?   Yes   No

If yes, please list it here