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

_____