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**Patient Information Sheet**

 **□ Telemedicine □ Second Opinion**

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| **Patient Information Sheet** |
| Name: | Date of Birth: M D Y |
| Sex: □ F □M | Nationality:  | ID/Passport No.: |
| Place of Birth:  | Marital Status: □ Single □ Married |
| Drug Allergy: □ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_  | Drinking: □ No □ Yes | Smoking: □ No □ Yes |
| Contact Tel:  | E-mail: |
| Address:  |
| **My Questions for Taiwan Adventist Physician Regarding Current Conditions** |
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**Please note that all sections of this form must be completed. If more space is needed, please attach an additional page to this packet.**