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**Patient Information Sheet**

醫療財團法人-4 copy_cr **□ 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.**